DOCUMENT RESUME

ED 081 504 PS 006 790

AUTHOR	Thomas, George
TITLE	A Baseline Evaluation of Child Caring Institutions in Georgia...from a Community-Oriented Perspective.
INSTITUTION	Georgia Univ., Athens. Regional Inst. of Social Welfare Research.
SPONS AGENCY	Office of Child Development (DHEW), Washington, D.C.; Social and Rehabilitation Service (DHEW), Washington, D.C.
REPORT NO	OCD-CB-106
PUB DATE	Jan 73
NOTE	125p.
EDRS PRICE	MF-$0.65 HC-$6.58
DESCRIPTORS	Achievement Rating; Admission Criteria; Community Involvement; Decision Making; Demography; *Exceptional Child Services; *Institutional Administration; Institutionalized (Persons); Physical Facilities; *Problem Children; *Research Projects; *Residential Care; Staff Role; Tables (Data)
IDENTIFIERS	Georgia

ABSTRACT

This report summarizes the first-year findings of a research program which investigated the nature and extent of residential care for dependent, neglected, or disturbed children in approximately 32 institutions in Georgia. Information was collected on each institution's physical facilities, staff structure, and policies. Data were also gathered on staff childrearing practices, backgrounds of staff and children, their orientation and performance levels, and staff ratings of children's performance levels. (For related document, see PS 006 788.) (ST)

FILMED FROM BEST AVAILABLE COPY

U S DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

ED 081504

...from a community-oriented perspective

a baseline evaluation of child caring institutions in georgia

prepared by:
George Thomas, PhD

PS 006790

1973
Regional Institute for Social Welfare Research
School of Social Work, University of Georgia

Preface

It is customary these days to preface a research report with a summary of findings which gives the reader what the researchers believe to be the most important results in shorthand form.

Unfortunately, this approach is not well suited to a report as detailed in nature as the present one. Instead, the reader is provided assistance by two other methods. First, a detailed Table of Contents and List of Tables is provided so that results on a particular subject can be quickly found. Secondly, capsule summaries are provided (on yellow paper) at the end of each chapter of the report to provide a thumbnail sketch of its contents.

Finally, this report has been prepared for use by personnel who have to make service decisions at all levels about the quantity and quality of institutional care. It has not been written in a manner designed to impress colleagues in the research arena.

We hope that by minimizing the use of jargon and difficult to interpret statistical techniques we have produced a document capable of directly speaking to practitioners in the field.

It is, after all, the evaluation and use of these results by the people who provide the direct services that is of central importance.

Date of Distribution: January, 1973.

Acknowledgements

This report is the product of a major team effort. Thanks in large measure are due Betty Schaub and Dr. Catherine Rosen for guiding and supervising a complex field testing and data gathering operation within the time frame we set for ourselves.

Ron DeLay, Charles Connor, Cheryl Whited, and Hecht Lackey are due recognition for handling the lion's share of the work in the field in outstanding fashion.

Finally, many thanks to Pat Abernathy and Christine Bennett for their patient good humor in organizing and typing several drafts and the final copy of this report.

Table of Contents

Preface iii

Acknowledgements. iv

List of Tables. v

Chapter 1: Overview. 1

The Research Focus 1
Focus of the Report. 2
The Institutions Studied 2
Data Sources and Collection Techniques 3

Chapter 2: Types of Children Being Served. 5

Age, Sex, and Race 5
Family Backgrounds at Point of Placement 6
Place of family residence 6
Parent marital status 7
Parents' ages, occupations, income levels . . 7
Family size 9

Capsule Summary. 10

Chapter 3: Child Flow: Who Gets Served and By What Routes?. . . . . .

Circumstances Leading up to Application for Admission . . . . . .

Last Place of residence . . . . . .
Record of prior placements. . . . . .
Whereabouts of parents. . . . . .
Sources of referral . . . . . .
Reasons for referrals . . . . . .

The Admissions Process . . . . . .

Admitting problem children. . . . . .
Age, sex and race factors . . . . . .
Geography and other factors . . . . . .
Some consequences of admissions policies/ practices . . . . . .

What Happens After Admission? 22

Legal guardianship. 22
Expected and actual length of stay. . . . 23
Sources of replacement. 24

Capsule Summary 27

Chapter 4: Facilities and Programs: How Children are Served 28

Facilities. 28

Living arrangements 28
Eating arrangements 29
Recent changes in facilities. 30
Directors' satisfaction with facilities. 31

Program: Directors Change Orientations . . . 32

Satisfaction with neighborhood/ community service supports. 33
Expected community reactions to program changes 34

Program: Basic On-Grounds Coverage 35

Admissions exams. 35
Education programs. 37
Counseling programs 38
Recreation programs 39

On-Grounds Decision-Making Structures 40

Daily life decision-making structures: measurement approach. 40
Daily life decision-making modes. 41
Daily life decision-making: frequency of involvement. 42
Daily life decision-making: final authority 43
Daily life decision-making: discipline/ rewards 44
Discipline: types and staff responsible. 45
Rewards: types and staff responsible . . 48

Program: On-Grounds Practices that Stigmatize Child Participation in Community. 50

Amount of community participation 50

Community Service Programs 52

Community Use of facilities 53
Service programs for non-resident children. 54
Work with parents 55
Pre-placement/after-care services 56

Capsule Summary. 58

Chapter 5: Staff: Who Does the Serving? 63

Staff Structure. 63

Number and type 63
Use of volunteers 65
Turn-over and unfilled positions. 66

Staff Backgrounds. 66

Sex and age distribution. 66
Marital status. 68
Life style. 68
Eduaction and training. 70
Some effects of current training/ education patterns. 73

Staff Orientations 75

Job satisfaction. 75
Child rearing philosophies. 76
Community-orientedness. 78
Some patterns in staff orientations . . . 79

Capsule Summary. 83

Chapter 6: Child Performance: How Residents are Doing. 85

Staff Ratings of Children. 85

How problematic are child populations . . 85
Reasons other than personal problems preventing replacement. 86
How many children are ready for replacement now?. 88
How would children do if released now?. . 90

Children's Test Results 92

Lorge-Thorndike scores (learning performance). 93
Task/social self evaluation scores. . . . 95
Locus of Control scores 96
Associations between test results in child populations. 97
Some possible institutional effects on residents' performance levels. . . . 97

Capsule Summary 100

Chapter 7: An Evaluation of the Results from a Community-Oriented Perspective. 101

Introductory Remarks. 101
The Model of Community-Oriented Care. 103
External Phase: Meeting Community Need . . . 103

Defining community needs. 103
Processing community needs. 103
Adapting to new needs 104

Internal Phase: Preparing Residents for Returning to Community. 104

Preparing through on-grounds program. . . 104
Preparing through decision-making involvement 105
Preparing through replacement planning/ follow-up procedures. 105

Comparing the Model and the Results 106

Wide-spread Practices Related to Meeting Community Need. 107

Defining community need 107
Processing community need: Service cross flow. 107
Adapting to new service needs 108

Wide-spread Practices Related to Preparing Residents for Return to Community 108

Preparing through on-grounds program. . . 108
Preparing through decision-making involvement 109
Preparing through replacement planning/ follow-up 109

Concluding Remarks 110

List of Tables

1-1	Number of Institutions Receiving Financial Support from Selected Sources	3
1-2	Types of Data Sought, Methods Used, Responses Obtained.	4
2-1	Age Distribution of Resident Child Population.	5
2-2	Sex and Race Distribution of the Resident Child Population	6
2-3	Parental Age Distribution at Point of Placement.	7
2-4	Parent Occupations at Point of Placement.	8
2-5	Family Income Distribution at Point of Child Placement	9
2-6	Family Size Distribution at Point of Child Placement	9
3-1	Child's Last Place of Residence Prior to Placement.	12
3-2	Distribution of Children by Number of Residential Placements Prior to Present Placement	13
3-3	Distributuion of Referrals to Institutions by Sources.	15
3-4	Distribution of Reasons for Initiation of Referrals for Placement.	17
3-5	Number of Institutions that Admit Children with Special Problems. . . .	18

3-6	Distribution of Institutions by Existance of Waiting Lists and/or Vacancies	21
3-7	Distribution of Legal Guardianship Arrangements for Total Resident Population, by Type	23
3-8	Distribution of Total Resident Population by Length of Stay.	25
3-9	Number of Institutions Utilizing Selected Replacement Sources Over Last 2 Years, by Percent Utilized	26
4-1	Distribution of Institutions by Type of Residential Facilities and Types of Living Arrangements	29
4-2	Distribution of Institutions as to Facilities for Meal Preparation and Service	30
4-3	Distribution of Institutions by Number of Facility Changes Made or Planned to Enhance Existing Program.	31
4-4	Directors' Levels of Satisfaction with Existing Facilities	32
4-5	Are You Planning Now a Program Change Which Will Require a Radical Facility Change?	33
4-6	Directors' Expectations about Community Reactions to Selected Major Program Innovations	34
4-7	Distribution of Institutions by Percentages of Children Having Selected Types of Diagnostic Evaluations at Admissions. . . .	36
4-8	Distribution of Institutions by Provider of Diagnostic Evaluations	36
4-9	Distribution of Institutions by Percentages of Residents Participating in Selected On-Grounds Education Porgrams	37

4-10	Distribution of Institutions by Percentages of Residents Participating in Selected On-Grounds Counseling Programs	38
4-11	Distribution of Institutions by Percentages of Residents Participating in Selected On-Grounds Recreation Program.	39
4-12	Distribution of Institutions by Daily Life Decision-Making Models.	41
4-13	Extent of Involvement in Daily Life Decision-Making by Staff Level and Type of Child Behavior	42
4-14	Extent of Exercise of Final Authority in Daily Life Decision-Making, by Staff Level and Type of Child Behavior .	43
4-15	Distribution of Institutions by Ratios of Use of Verbal Reprimand/Expulsion as Disciplinary Measures, for First and Repeated Offenses.	45
4-16	Distribution of Institutions by Ratios of Who Disciplines, Cottage Parent/Director, for First and Repeated Offenses	46
4-17	Distribution of Institutions by Staff Level Most often Exercising Discipline, for First and Repeated Offenses	47
4-18	Distribution of Institutions by Staff Level Most often Responsible for Providing Rewards.	48
4-19	Distribution of Instituitons by Ratios of Use of Community Privileges/Verbal Praise as Reward for Excellent Behavior	49
4-20	Distribution of Institutions by General Levels of Community Participation by Child Populations.	50

4-21	Distribution of Institutions According to Who Usually Accompanies and Most Common Mode of Transport Used When Children Go to Community	51
4-22	Distribution of Institutions by Frequency of Use of Facilities by Non-Residents. .	53
4-23	Distribution of Institutions by Degree of Involvement in Provision of Selected Services to Non-Resident Children. . . .	54
4-24	Distribution of Institutions by Percentage of Parents Involved in Selected Parent Service Programs	55
4-25	Distribution of Institutions by Degree of Involvement in Selected Pre-Placement/ After-Care Services.	56
5-1	Distribution of Total Institutional Staffs by Specialization Performed.	64
5-2	Distribution of Institutions by Staff Percentages Male/Female.	67
5-3	Distribution of Total Institutional Staffs by Age Level.	67
5-4	Distribution of Institutions Having 50 Percent or More of all Staff in One Age Group.	68
5-5	Distribution of Total Institutional Staffs by Length of Time at Institution and in Present Job.	70
5-6	Distribution of Total Institutional Staffs by Formal Education Grade Level Accomplishment and Staff Level	71
5-7	Distribution of Total Institutional Staffs by Level of Participation in Selected Training/Educational Activities in 1971	72

5-8	Level of Participation in Selected Training/Education Activities in 1971 by Staff Level.	73
5-9	Correlations (r) Between Amount of Education/Training and Participation in Community Child Welfare Related Activities, by Staff Level	74
5-10	Average Scores for Total Institutional Staffs on Selected Components of Job Satisfaction	76
5-11	Average Scores for Total Institutional Staffs on Selected Components of Child Rearing Philosophies	77
5-12	Average Score for Total Institutional Staffs on Community-Orientedness	78
5-13	Distribution of Institutions Cross-Tabulating Institutional Averages on Job Satisfaction with Selected Variables.	80
5-14	Distribution of Institutions Cross-Tabulating Institutional Averages on Community-Orientedness with Selected Variables	81
6-1	Average Number of Personal Problems in Total Child Population as Rated by Different Staff Levels	86
6-2	Percent Distribution of Basic Reason Other Than Personal Problems, Preventing Child Replacement, as Rated by Different Staff Levels.	87
6-3	Percent Distribution of Total Child Population Rated as Capable of Replacement Now by Different Staff Levels	89
6-4	Percent Distribution of Total Child Population by How Soon They Will Be Ready for Replacement as Rated by Different Staff Levels	90

6-5 Percent Distribution of Total Child Population by How Well They Would Do Compared to Non-Institutionalized Children, if Released Immediately, as Rated by Different Staff Levels . . . 91

6-6 Subscale and Total Average Scores on Lorge-Thorndike Verbal Ability Test for Total Child Population. 94

6-7 Subscale and Total Average Scores on Task/Social Evaluation Instrument for Total Child Population 95

6-8 Average Score on Locus of Control Instrument for Total Child Population. . 96

6-9 Distribution of Institutions Cross-Tabulating Average Scores for Each Child Population on Test Results 98

Chapter 1

Overview

The Research Focus

In July, 1971, The Regional Institute of Social Welfare Research initiated a three year research program with child-caring institutions in Georgia.*

The main purposes of the research program are as follow:

1. To develop a model of community-oriented care and measure the extent to which institutions in the sample are providing same during the first year.

2. To develop and implement several methods of assisting institutions to move toward increased provision of community-oriented care during the second year.

3. To evaluate whether community-oriented care has a beneficial impact on resident children and whether our methods of assisting institutions were successful or not, during the third year.

---

*The Regional Institute of Social Welfare Research (RISWR) is part of the School of Social Work, University of Georgia. RISWR is conducting the research under agreements with the Georgia Department of Human Resources, Division of Family and Children Services. Basic funding is being provided by the Office of Child Development, DHEW, Grant number OCD-CB-106. Supplementary funding for special projects is being provided during the second research year by Social and Rehabilitation Services, DHEW, grant number 10-P-56015/4.

Opinions and interpretations of the data are the responsibility of the author and do not necessarily reflect the views of supporting agencies.

The overall purpose of the research program is to provide knowledge and information of general usefulness to institutions in designing programs of residential care for children.

Focus of the Report

This report summarizes our findings from the first year on the nature and extent of residential care for dependent, neglected and disturbed children in our sample of institutions. Wherever we deem it appropriate, the results are evaluated in terms of whether we view them as reflecting good or poor performance from a community-oriented perspective.

The Institutions Studied

The Georgia Division of Family and Children Services currently licenses 42 institutions to provide residential care for dependent, neglected, and disturbed children. In the aggregate, these institutions have an estimated average daily child population of roughly 1,750.

From a research point of view, 6 of these institutions are sufficiently different in make-up to warrant their exclusion from the studies we have undertaken. Most were dropped because their child populations were so small and staffs so undifferentiated as to functions that they seemed better classified as group homes rather than institutions.

Thirty-two of the remaining 36 institutions provided us with the bulk of the data presented in this report. Among this number, one is proprietary in nature, two are publicly operated and county supported and the rest are voluntary non-profit organizations.

Eighteen institutions reported a direct affiliation with a sponsoring church or religious body and receipt of varying degrees of funding from that source. Most institutions receive support from more than one source although it is apparent that traditional sources (endowments, religious groups, bequests, and parents) far outnumber other sources as shown in Table 1-1 following:

Table 1-1

Number of Institutions Receiving Financial Support from Selected Sources (N=33)

Source	Number of Institutions
Endowments	17
Sponsoring religious bodies	18
Individual bequests	24
Parent payments	23
Community chest	11
Own fund raising	9
Payments from private referring agencies	9
Federal grants, program subsidies	8
State per diem rates	9

The institutions are spread throughout the state with a total of 14 being found in rural locations or towns under 10,000 in population. Twelve are located in towns and cities ranging from 10 to 250,000, and the remaining 7 are in the Atlanta metropolitan area.

Data Sources and Collection Techniques

Our efforts were aimed at complete coverage of all institutions and a comprehensive picture of each. From every institution we sought information on physical facilities, staff structures, existing and planned programs, policies, staff child-rearing practices, background data on staffs and child populations, orientation and performance levels of staffs and resident children, and staff ratings of resident children's performance levels.

While we did not achieve 100 percent coverage in any area we sought to assess, we believe the levels of coverage we accomplished are sufficient to warrant talking in general terms about institutional care in the state as a whole.

Table 1-2 presents the types of data sought (areas covered), methods used, and the number of responses obtained.

Table 1-2

Types of Data Sought, Methods Used, and Responses Obtained

Type of Data	Method Used	No. of Responses Max.	Obtained
Baseline data on facilities, staffs, programs, policy	Direct mail questionnaire/interviews with directors	36	33
Staff backgrounds	Hand delivered/direct mail questionnaires, rating instruments	--	345
Staff orientations		--	342
Staff ratings of children (2 per child)		(est) 3300	2916
Child backgrounds	Institutional case records search	(est) 1650	1647
Child performance levels	Group testing at institutions	(est) 1650	1205 to 1255

These then are the purposes for the program, the institutions studied, and the types of data collected. We can now turn to the results themselves.

Chapter 2

Types of Children Being Served

Perhaps the best place to begin is with a breakdown of the resident child population at the time of the study (April, 1972). Data reported in this section are taken from the case records of 1647 children in 36 institutions.

Age, Sex and Race

Child-caring institutions in Georgia are clearly concentrating their efforts on the younger child. Seventy-eight percent of all residents are under the age of 14 (n=1248). It is of some interest that 8 percent of that number are under the age of six years. The complete age distribution is as follows:

Table 2-1

Age Distribution of the Resident Child Population (N=36 Institutions)

	Age Range (in years)					
	-6	6-9	10-13	14-17	18+	Totals
Number	132	576	576	346	17	1647
Percent of total	8.0	35.0	35.0	21.0	1.0	100

It should be noted here that 29 institutions have a mix of pre-teens and teenagers in their current populations while 4 are serving no children over age 13 and 3 are serving teenagers exclusively.

PS 006900

In matters of sex and race, more boys than girls are presently being served with the vast majority of all children being white, as shown in Table 2-2.

Table 2-2

Sex and Race Distribution
of the Resident Child Population
(N=36 Institutions)

	Race			Sex		
	White	Black	Other	Male	Female	Totals
Number	1445	191	11	922	725	1647
Percent of Total	87.7	11.6	.7	56.0	44.0	100.0

The great majority of institutions are coed (n=30) with 3 each serving exclusively boys and girls respectively.

Regarding race, 20 institutions are currently serving one race only, 18 serving only whites and two serving only blacks. Twelve institutions have tiny minority race representation. Ten of these institutions have predominantly white populations with fewer than 10 percent blacks. Two institutions have predominantly black populations with fewer than 10 percent whites. Four institutions all predominantly white, have minority race representation exceeding 10 percent, but only one (63 percent white, 37 percent black) exceeds 15 percent.

Family Backgrounds at Point of Placement

Place of family residence

Slightly over half (53 percent) of all children come from urban environments, 17 percent from small towns, and

30 percent from rural areas.* As will be noted in a later section, some institutions tend to select children partly on the basis of their geographic locations. It is significant here to point out that 11 institutions currently draw the majorities of their children from small towns and rural areas.

Parent marital status

The majority of children in residence come from one-parent homes (64 percent), 34 percent from homes where the single parent had never married and 30 percent from homes broken by separation or divorce. In 13 percent of all cases both natural parents were married and living together, while less than 1 percent indicated both parents deceased. The remainder (22 percent) represents various combinations of one natural parent and a step-parent.

Parents' age, occupations, income levels

A substantial majority of parents are classifiable as early middle-aged at the point their child--or children--is placed. Consistent with general societal patterns, fathers generally tend to be slightly older than mothers.

Table 2-3

Parental Age Distribution
at Point of Child Placement

AGE

		Under 30	31-40	41-50	51+	Deceased	Totals
Father's Age	N	115	560	511	197	264	1647
	%	(7)	(34)	(31)	(12)	(16)	(100)
Mother's Age	N	313	725	296	33	280	1647
	%	(19)	(44)	(18)	(2)	(17)	(100)

*For our purposes urban means localities exceeding 25,000 in population, small town represents localities ranging from 2,500 to 24,999, and rural means any locality of less than 2,500 in size.

It is of interest to note the negligible representation of young parents, those under age 30. It is quite likely that many parents in this age group have children in the 6 to 13 age bracket, precisely the range catered to presently by most institutions. For unexplained reasons, however, young parents do not seem to turn to institutions in large numbers.

In regard to occupation, the majority of employed mothers as well as fathers are engaged in manual labor (skilled and unskilled), with institutions drawing small percentages of their total populations from homes having parents in professional or white collar employment.

It is worth noting here, also, that while about 30 percent of all children come from rural places of residence, only 6 percent of fathers are engaged in farm work.

Table 2-4

Parent Occupations at
Point of Child Placement

		Professional	White Collar*	Manual Labor**	Farm	Housewife (Unemp)	Totals
Father	N	115	165	1268	99	--	1647
	%	(7)	(10)	(77)	(6)	--	(100)
Mother	N	115	247	659	--	626	1647
	%	(7)	(15)	(40)		(38)	(100)

*Includes managerial, clerical, sales work
**Includes crafts and trade, machine operative, domestic service/ maintenance work.

Turning to family income level, 41 percent of all families are in dire poverty utilizing as a criterion less than $3,000. in yearly income, while only about 3 percent of all families fall into the relatively affluent income bracket of above $12,000.

Table 2-5

Family Income Distribution
at Point of Child Placement

	-3000	3001-6	6001-12	12001+	Unkn.	Totals
Number of Families	675	576	329	66	1	1647
Percent of Total	41.0	35.0	20.0	4.0	--	100.0

Family Size

Finally, almost two-thirds (65 percent) of children come from large families (4 or more children including the placed child), as shown in Table 2-6 below:

Table 2-6

Family Size Distribution
at Point of Child Placement*

	1	2-3	4-5	6+	Totals
Number of Children	115	461	594	477	1647
Percent of Total	7.0	28.0	36.0	29.0	100.0

The fact that most children come from large families partly explains the predominance of middle aged parents, younger parents no doubt having smaller families on the average. Perhaps having lived longer with larger numbers of children contributes in some way to the readiness of parents to turn to institutions as a resource.

*In the "for what it's worth" department, children were also classified as to birth order at point of placement with the following results: 22 percent were first born, 50 percent were middle children, and 27 percent were last born.

Capsule Summary

Data from case records of 1647 resident children (of an estimated state total of 1750 in residential care) indicate that the bulk of children presently being served are white pre-teenagers, slightly more than half of whom are boys.

Just over half of the children come from urban environments with a clear majority coming from large, blue collar, low income families headed by an early--middle aged parent--or parents.

Chapter 3

Child Flow:
Who Gets Served and By What Routes?

Child flow as a term represents the tracing of children through the process of referral, admissions, length of stay and replacement to the community.

Patterns identified in this process can provide valuable insights into which children get served and the factors that effect the provision of residential services.

In this section, findings are presented on the circumstances leading up to application for admission, the admissions process, and what happens following admissions in that order.

Circumstances Leading Up to Application for Admission

Last Place of Residence

A finding on the marital status of natural parents presented in the preceeding chapter indicates that 64 percent of placed children come from one parent families, 13 percent from two parent families, and the remainder from other types of backgrounds.

This does not necessarily mean that the children were living with a natural parent--or parents--at the point of referral for placement. In fact, children were widely distributed across a variety of living arrangements although 53 percent were living with at least one natural parent at that time, as shown in Table 3-1.

It is clear from this breakdown that a great many children do come to institutions directly from their natural parents and that it is relatively rare for a child to transfer from one residential institution (including detention) to another.

Table 3-1

Child's Last Place of Residence
Prior to Placement

	One Natural Parent	Both Natural Parents	Grand Parents	Other Relatives	Foster Home	Other Child Inst.	Detention	Other	Totals
Number of Children	609	264	165	181	264	82	33	49	1647
Percent of Total	37.0	16.0	10.0	11.0	16.0	5.0	2.0	3.0	100.0

Record of Prior Placements

Twenty-three percent of all children come directly from other residential placements (including foster homes). This figure does not represent the total of all children who have experienced at least one other residential placement prior to admission, only those who come directly from such placements.

Case records data indicate that 31 percent of all current residents have experienced at least one prior placement some time in the past, as shown in Table 3-2 following:

Table 3-2

Distribution of Children
By Number of Residential Placements
Prior to Present Placement

	None	1	2	3	4	5+	Totals
Number of Children	1136	247	165	49	33	17	1647
Percent of Total	69.0	15.0	10.0	3.0	2.0	1.0	100.0

Several directors have told us informally during interviews that they believe referring agencies often hide the truth about a child's record of prior placements in order to increase his chances of being admitted. We have no way to verify these observations, but if they are accurate, the 31 percent figure would be an underestimate of actual rates of prior placement.

Whereabouts of Parents

About 16 percent of children reaching institutions come from situations where either their mother or father is deceased, but less than one percent comes from backgrounds where both parents are dead.

Again, about 53 percent of all children entering institutions come directly from living with a natural parent--or parents.

All of this suggests that the whereabouts of natural parents are known in a large percentage of cases at point of admission. Indeed, this is the case: the whereabouts of the natural mother is known in 86 percent of all admissions with the figure being 79 percent for natural fathers.*

Removing the percentages of deceased mothers (16 percent) and fathers (17 percent) would conservatively leave institutions with the opportunity to attempt to work with a child's natural parent--or parents--in 6 out of every 10 cases if institutions were to make the attempt at point of admissions.

This opportunity is not unknown to institutional directors, as witnessed by the fact that on the average the directors (N=33) estimate that about 90 percent of all the children admitted have at least one locatable parent at that time.

Yet, as will be discussed in a later section, most institutions do not seem to respond to this opportunity as reflected in the virtual absence of programs aimed at working with natural parents.

Sources of Referral

Three sources of referral provide more than 75 percent of all children admitted to institutions, namely, welfare departments, parents, and juvenile courts, as shown in Table 3-3.

It is a bit surprising to note that while half of all institutions (n=18) are sponsored by churches or larger religious bodies, only 6 percent of all referrals derive from that source.

It is also worth comment that welfare departments and juvenile courts obviously intervene to place a large proportion of current residents from their natural homes. This is clear from the proportions of all referrals coming from these two sources, and the facts

---

*These percentages include, of course, deceased parents.

Table 3-3

Distribution of Referrals to Institutions
by Sources

	Welfare Dept.	Vol. Parents	Juvenile Courts	Relatives	Church	Other Child Inst.	Doctor	Other	Totals
Number of Referrals	494	461	313	198	99	33	16	33	1647
Percent of Total	30.0	28.0	19.0	12.0	6.0	2.0	1.0	2.0	100.0

that while 53 percent of children were placed from their natural homes, only 28 percent of all referrals were made voluntarily by natural parents.

Reasons for Referrals

Turning to the reasons why referrals were made in the first place, data in Table 3-4 identify three prominent causes which precipitate 82 percent of all referrals, namely, children who are the victims of family disaster, children identified as abused or neglected, and children determined by their own families to be unmanageable.

It is probable that a large share of voluntary parental referrals involves parents declaring their child--or children--unmanageable, whereas abuse and neglect referrals more than likely filter through courts and welfare departments.

In any case, it would appear that institutions generally are exercising preferences in selecting out those referrals which reflect a need for child service resulting from loss of parents, parental neglect, and/or child unmanageability.

These constitute the traditional reasons justifying the existence of residential services for children, long honored and supported in our society.

The very low percentages of children accepted who were referred as delinquents, emotionally disturbed, or otherwise handicapped raises a serious question as to whether or not important groups of children in need of residential services are being overlooked.

The Admissions Process

In light of the last comment it would seem worthwhile to evaluate just how selective and/or restrictive admissions policies are, that is, to what extent and in what ways do they work to screen applicants.

Institutions rarely have precisely defined admissions criteria on paper. This has its beneficial side in providing institutions with considerable flexibility in selecting among applicants. It also has its drawbacks in the sense that it is difficult to determine the standards by which admissions decisions are made. Moreover, a lack of clearly defined standards makes it more difficult for institutions to tell their communities and supporters what they are doing and

Table 3-4

Distribution of Reasons for Initiation of Referrals for Placement

	Family Disaster*	Abuse, Neglect	Child Unmanage-able	Delin-quency**	Child Emot'l. Problem	Mental/ Physical Handicap	Marital Break-down	School*** Problem	Totals
Number of Referrals	576	395	379	115	66	49	49	17	1647
Percent of Total	35.0	24.0	23.0	7.0	4.0	3.0	3.0	1.0	100.0

*Represents parent death/dissertion, or parent incapacitated or institutionalized for criminal/ health reasons.

**Includes those adjudicated delinquent (4 percent), drug use (3 percent), and running away (less than .4 percent).

***Includes truancy and other school behavior problems.

Also not included are girls in one institution for unwed mothers who account for less than .2 percent of all referrals.

for what types of children.

Given these circumstances, admissions policy is best evaluated in terms of two sources of data; namely, what institutional directors say policy is, and, what data on institutional practices tell us about the decisions made in selecting children for admissions.

Admitting Problem Children

First, and perhaps most importantly, let's take a look at what directors have to say about policy on admitting children with obvious and difficult problems, children in need of care for reasons other than or in addition to a lack of a good home.

Table 3-5 below presents the responses of directors as to their policies on admitting special problem children.

Table 3-5

Number of Institutions that Admit Children with Special Problems (N=32 Institutions)

Do you admit children who are (or have):

	Physically Handicapped	Mentally Retarded	Delinquent	Emotional Problems	Behavioral Problems
Yes, regularly	2	--	11	10	4
Only in rare cases	16	8	11	12	14
Do not accept	14	24	10	10	14
Totals	32	32	32	32	32

These data would suggest that institutions are most reluctant to accept physically handicapped and mentally retarded children. On the other side of the ledger, a clear

majority of institutions appear receptive to accepting at least a limited number of delinquent, emotionally disturbed and problem behavior children.

Given our data on the types of referrals most often selected for admission, however, it would seem justifiable to conclude that the general policy emphasis is upon admitting a very small number of problematic children in most institutions.

Age, Sex, and Race Factors

The fact that 78 percent of all current residents are under the age of 14 reflects an undeclared policy emphasis upon serving the younger child. Indeed, only 3 of 36 institutions serve teenagers exclusively.

On the other hand, 30 of 36 institutions currently serve both boys and girls which indicates widespread receptivity to mixing populations on the basis of sex. Willingness to admit both boys and girls may well be tied to the fact that predominantly preteenage children are being served.

Admitting children of minority races is both a difficult and highly charged issue facing institutions. As previously noted, 20 to 38 institutions presently serve one race exclusively.

Sixteen institutions have signed agreements to comply with the Civil Rights Act of 1965 to date and they all have (or have had) at least token minority race representation in their child populations.

When we asked directors (N=32) how they thought their communities would respond if their institutions were to decide to admit more black children, they commented as follows:

Community reaction to admitting more black children would be...	Number of Directors
Very receptive	5
Lukewarm/indifferent	15
Strongly disapproving	12

It should be noted here that 2 of the 5 directors who responded "very receptive" already head predominantly black institutions.

Informally, many directors indicated some interest in moving in this direction but expressed both fear and doubt that their boards (boards represent "community" to some directors) would even listen to such a proposal. Very few, therefore, said that they had even raised this issue formally with their boards.

Geography and Other Factors

Fourteen institutions are located in rural or small town areas and 11 institutions have child populations drawn predominantly from rural and small town origins. This suggests one way in which admissions practices bespeak an unwritten policy emphasis.

This may well be a favorable practice if there is anything to the notion that the placed child should be in an environment generally conforming to the one in which he was born or raised.

On a formal level, 24 of 32 responding institutions restrict admissions by distance in miles from the institution, that is, referred children living beyond a set perimeter cannot be admitted.

Along the same lines, 28 of 32 responding institutions restrict admissions according to political boundaries (city-county-state lines).

Finally, 4 of 32 responding institutions will not accept a referred child unless at least one natural parent is available and voluntarily agrees to work closely with the institution after the child is admitted.

Some Consequences of Admissions Policies/Practices

All institutions incorporate some of the above restictions in their admissions policies and practices, and a few utilize all or nearly all of them.

The general pattern seems to be to restrict admissions to benign (non-problematic) younger children of one race living within approvable distances and/or political boundaries.

This pattern constitutes an aggregate of self-imposed limitations on the institutions, one probable consequence of which is a narrowing of the field of prospective placement referrals.

Data on the total number of children in child-caring institutions in Georgia for the last three years does not indicate a dramatic and progressive decline,* which is one measure often used to evaluate the effects of restrictive admissions policies. The absence of a dramatic decline in residents in recent years does not mean, however, that institutions are operating at capacity.

Quite the contrary, it would appear to mean that a great many institutions have been operating at something less than capacity over a rather long period of time.

Table 3-6 indicates, for example that only 5 of 32 reporting institutions had no vacancies during the Spring of 1972.

Table 3-6

Distribution of Institutions by
Existence of Waiting Lists and/or Vacancies
(N=32)

	Number of Institutions
No vacancies/no waiting list	1
No vacancies/waiting list	4
Vacancies/no waiting list	15
Vacancies/waiting list	12

*Seventeen-hundred-and-ninety-three (1793) children were in care as of July 1, 1970; 1,744 as of July 1, 1971; and, an estimated 1,750 as of July 1, 1972. See: Annual Report Children Receiving Service in Child-Caring Institutions in Georgia. July 1, 1970-June 30, 1971. Georgia Division of Family and Children Services, Mimeo, no date.

A total of 306 vacancies existed in 27 different institutions with the range being from 2 to 28 vacancies.

Of most interest to the matter of child flow in this breakdown is the surprising fact that 12 institutions have both waiting lists and vacancies. Something would seem to be clearly malfunctioning in the admissions process in these institutions.

In any case, it is difficult to avoid the conclusion that present admissions policies and practices are contributing to the fact that a great many institutions are operating at less than their rated capacities.

What Happens After Admission?

Legal Guardianship

Somewhere in the placement processing of each child a decision and/or more formal agreement must be reached identifying the party that will hold legal guardianship.

Institutions may have many good reasons for seeking or refusing to accept legal guardianship of the placed child. But this much is certain: without legal guardianship institutions are only partially responsible for and obligated to the task of child care and development.

In our sample of 36 institutions, 21 do not hold legal guardianship of any residents. A total of 6 percent of all residents are under the legal guardianship of the remaining 15 institutions. The full breakdown is given in Table 3-7.

It is difficult to say how the lack of legal guardianship might affect services to children during the course of their stay. It would seem important in any case, for institutions to retain close on-going ties to those holding guardianship in order to effectively coordinate responsibility in making decisions on the care of each child.

Data presented in a later section indicate that contact with legal guardians is infrequent and in many cases nonexistent after admission. It is hard to avoid the conclusion that this has a negative--if as yet undetermined--impact on planning the care and replacement of many children.

Table 3-7

Distribution of Legal Guardianship Arrangements for Total Resident Population, by Type

	Parents	Welfare Dept.	Juvenile Courts	Relatives	Inst.	Other*	Totals
Number of Children	741	346	280	148	99	33	1647
Percent of Total	45.0	21.0	17.0	9.0	6.0	2.0	100.0

*Includes private referring agencies and foster parents.

Expected and Actual Length Of Stay

We felt it to be of value to assess how long staff expected children to stay at the point they were admitted. To do this, our research staff read the admissions records of all 1647 children and rated the content as reflecting staff expectations of long term, short term, or indeterminate length of stay.

The results indicate that staff expected children to stay long term (over 1 year) in 60 percent of cases. Expected length of stay was rated indeterminate in 38 percent of all cases, and the expectation of short term care (less than 1 year) was evident in only 1.6 percent of all cases. *

Very clearly, staff are generally oriented toward long term care. It is worth questioning at this point whether something of a "self-fullfilling prophesy" is not occurring, that is, since staff expect children to stay long term they wind up doing just that.

This is at least a possible explanation for the fact that 58 percent of all current residents have been in institutional care for over two years.

---

*The remaining .4 percent cover unwed mothers expected to stay until pregnancy was terminated.

The entire breakdown by actual length of stay as computed from case record data is shown in Table 3-8.

An even more sobering fact is that 28 percent or 461 children have been in care for over 5 years.

Sources of Replacement

We asked directors to estimate the percentages of children replaced by their institutions to each of 9 different sources over the last two years.

The distribution of the responses of 32 directors to this question are shown in Table 3-9.

One prominent feature of these estimates is that 25 institutions report replacing 50 percent or more of their residents to their own homes.

If these estimates are accurate, then it would appear reasonable to conclude that the child flow pattern for the majority of current residents is that they came from their own homes, stay a fairly long time and then return to their own homes.

Table 3-8

Distribution of Total Resident Population
by Length of Stay

Number of Months in Residence:

	New Admissions 1	2-6	7-12	13-24	25-36	37-48	49-60	61+	Totals
Number of Children	49	165	148	329	198	165	132	461	1647
Percent of Total	3.0	10.0	9.0	20.0	12.0	10.0	8.0	28.0	100.0

Table 3-9

Number of Institutions Utilizing Selected Replacement Sources Over Last Two Years, by Percent Utilized (N=32 Institutions)

Type of Replacement	None	Number of institutions utilizing placement sources at following percent levels: 1-10% of Total	11-25% of Total	26-50% of Total	51-75% of Total	+75% of Total
Independent living	9	14	5	3	1	--
Own home	3	1	3	8	6	11
Relatives	4	14	10	3	--	1
Foster home	16	11	2	3	--	--
Group home	28	2	2	--	--	--
Inst. for delinquents	15	15	2	--	--	--
Inst. for mentally retarded	28	1	2	1	--	--
Inst. for dependent/ neglected	16	10	5	--	--	--
Other	29	1	2	--	--	--

Capsule Summary

More than half of all children admitted come directly from their parental homes, although about 30 percent have had at least one prior residential placement sometime in the past. Regardless of place of residence at point of admission, the whereabouts of at least one natural parent is known to admitting institutions in about 4 out of 5 cases.

About half of all referrals are made by juvenile courts and welfare departments, with an additional 28 percent accounted for by voluntary parent referrals. Most children (82 percent) are referred for one of three reasons: unmanageable in own home, abuse/neglect, or family disaster.

Admissions policies and practices disclose widespread emphasis on selecting the non-problematic white pre-teen for admission and general receptivity to having boys and girls on the same campus.

Distance in miles lived from the institution and city-county-state lines are also commonly utilized in determining eligibility.

A probable link exists between various combinations of admissions restrictions and the fact that the majority of institutions have been operating at less than capacity for the past several years. Questionable efficiency is disclosed also in the fact that 12 institutions have vacancies and waiting lists coincidentally.

Institutions currently hold legal guardianship in only 6 percent of all cases while the majority (58 percent) of residents are in long-term care (over 2 years).

Lack of legal guardianship may complicate decision-making in long term care cases. Indeed, since staff expect most admissions (60 percent) to be long term in nature, and since 28 percent of children have been in care over 5 years, it is reasonable to question why institutions do not move to assume responsibility in more cases and whether there has been a breakdown in planning for many of those in care over 5 years.

Finally most institutions replace at least half of their residents to their own homes. This reflects a general over all pattern of receiving the majority of children from their own homes, keeping them long term, and eventually returning them home.

Chapter 4

Facilities and Programs: How Children are Served

Once children are admitted to institutions the focus shifts to how they are served, that is, what kinds of facilities and programs are provided.

From a community-oriented perspective, the main interest is in estimating the extent to which facilities and programs yield a common-sense understanding of what good life experiences are for a child in his own home.

In general, facilities and programs produce life experiences which deviate from good home life experiences to the extent to which they depersonalize, routinize, isolate, or stigmatize the resident child.

Facilities

Living Arrangements

From the standpoint of living arrangements, it would seem preferable--less depersonalizing--for a child to have separate or semi-private living quarters. Dormitory living has a way of degenerating into an army barracks type of routine hardly reflective of the type of circumstances a child has a right to receive.

In this regard, most institutions appear to be providing living arrangements which afford at least minimum levels of privacy and personal dignity.

Of 32 reporting institutions, 23 offer cottage type living exclusively, 2 offer both cottages and dormitory living, and 7 house all children in a single all-purpose building which serves as both administrative building and residence hall.

As shown in the following table, only 3 institutions offer dorm style living exclusively with a total of 5 in all utilizing dorm facilities to some extent.

Table 4-1

Distribution of Institutions by Type of Residential Facilities and Types of Living Arrangements

Type of Residential Facilities	N	Type of Living Arrangements: Dorm Style	Type of Living Arrangements: Separate Quarters**
Single Main Bldg./ Residence Hall	7	3	4
Cottages Exclusively*	23	--	23
Cottages and Dorms	2	2	2
Totals	32		

*Cottages are separate buildings limited to fewer than 20 children, dorms are separate buildings with capacity exceeding 20.

**Separate quarters means rooms for 1 to 4 children.

Eating Arrangements

Interest exists also in determining the extent to which centralized facilities are used to prepare and/or serve meals and snacks. Centralized meal preparation may be productive of a uniform diet which discounts the individual needs and preferences of children. Conglomerate eating also clearly deviates from home-like circumstances. Centralized serving hazards the danger of becoming so routinized as to meal time, table protocol, etc., that it detracts from the enjoyability of the occasion.

As can be seen from Table 4-2, a goodly number of institutions continue the practices of centralized meal preparation and service on a comprehensive or partial basis:

Table 4-2

Distribution of Institutions as to Facilities for Meal Preparation and Service

	Meal Preparation	Meal Service
In Centralized Facilities		
All meals & snacks	4*	4
All meals	10	8
2 meals a day	2	3
1 meal a day	2	--
In Cottage Facilities		
All meals & snacks	14	17
Totals	32	32

*Includes one institution bringing in one meal daily from the community.

A final note: 9 institutions with cottage residences maintain either centralized facilities for meal preparation, meal service or both.

Recent Changes in Facilities

Institutions have undertaken a variety of facility changes involving remodeling or new construction over the past decade to enhance existing program activities.

Most institutions made at least one modification of facilities during the decade of the 60's. An analysis of these changes indicates an emphasis upon remodeling residences and/or building recreational facilities (e.g., swimming pools or gyms).

Many of those planning to initiate construction or remodeling in 1972, however, indicate a different emphasis. For example, 6 indicated plans to construct or purchase buildings to launch group home or foster care programs, although the remaining institutions having definite plans for facility changes continue to stress meeting recreational needs.

When asked to look to the near future, very few directors expressed any desire for more changes, as shown in Table 4-3:

Table 4-3

Distribution of Institutions by Number of Facility Changes (Remodeling/New Construction) Made or Planned to Enhance Existing Program

	Number of Changes						
	0	1	2	3	4	5+	Totals
No. Completed (1960-71)	2	15	4	3	2	6	32
No. Planned to Begin 1972	19	10	2	1	--	--	32
No. Desired, but not Planned	22	5	1	2	--	2	32

Directors' Satisfaction with Facilities

Part of this apparent lack of enthusiasm for further facility changes among directors who provided this data is explainable in terms of the directors' expressed levels of satisfaction with current facilities, as shown in Table 4-4:

Table 4-4

Directors' Levels of Satisfaction
with Existing Facilities

	Children's Living Arrangements	Outdoor* Facilities	Indoor Facilities**
Very or moderately satisfied	19	29	25
Very or moderately dissatisfied	13	3	7
Totals	32	32	32

*Includes recreation, open-space, parking facilities.
**Includes recreation, study, library facilities.

Satisfaction is wide spread among directors relative to indoor/outdoor facilities in particular, yet more than a few express dissatisfaction with living (eating/sleeping) arrangements. This suggests a felt need for change in these types of facilities even though few such changes are currently on the planning boards.

Program: Directors' Change Orientations

A useful approach to beginning a discussion of program structures and activities is to assess what the directors themselves feel about their current modes of operation.

One way of determining how satisfied directors are with their current programs is to ask what major program changes they are planning to make. In this regard, 22 of 32 responding directors indicate no current plans for major program changes.

Table 4-5

Are You Planning Now (1972) a Program Change Which Will Require a Radical Facility Change?

	Yes, Planning Toward:						
No Such Plans	Group Homes	Half-way Houses	Treating Ment. Ret./ Phys. Handi.	Treating Emot. Disturbed	Treating Deling.	Some-thing Else	Totals
22	6	--	--	1	1	2	32

Interestingly enough, all 22 directors who indicated no present plans for major program revisions said they would opt for a facility change to enhance present programs were they to be pressed to state a first priority for change.

Satisfaction with Neighborhood/Community Service Supports

This seeming satisfaction with existing programs among the majority of directors could simply be an expression of complacency. The directors generally are anything but complacent, however, about the service supports provided by their communities for existing programs.

Most directors do seem generally satisfied with a variety of basic services provided by their communities, that is, those services necessary to the safe and adequate management of physical plant and grounds. Twenty-four of 32 rated their communities as quite satisfactory in delivering such services as garbage collection, traffic safety, police/fire protection, etc.

On the other hand, they express very pronounced dissatisfaction with the availability of needed health, socio-psychological, and recreational services. On these matters, all 32 directors indicated that such services are generally well below the levels needed to conduct their present service programs effectively.

Expected Community Reactions to Program Changes

Hestiancy about community reactions to program innovations may be a more significant factor in not moving toward program change than complacency, as reflected in data presented in Table 4-6.

Table 4-6

Directors' Expectations about Community* Reactions to Selected Major Program Innovations (N=32)

Program Innovation	Expected Community Reaction: Very Receptive	Lukewarm or Indifferent	Strong Disapproval
Admitted more Blacks	5	15	12
Admitting Mentally Retarded	2	19	11
Admitting Physically Handicapped	4	24	4
Increasing Proportion of Emotionally Disturbed	5	20	7
Admitting Delinquents	1	18	13
Hiring Black Service Staff	5	18	9
Starting Decentralized Group Homes in Community	11	18	3
Launching Fund Raising to Expand Present Program	12	14	6

*It is instructive here to note that quite a few directors said they were visualizing a "community of interest" in responding to these questions, specifically their boards.

Directors were asked to rate how they would expect their communities to react were they to attempt to implement each of 8 different major program changes. Their responses indicate a relatively wide spread expectation of community disapproval toward modifying programs to accomodate more black, mentally retarded, or delinquent children.

In contrast, most executives would expect no particular community reaction-favorable or unfavorable-to admitting physically handicapped or emotionally disturbed children, or to hiring black child-care and social service staff.

Finally, most directors feel they could get community support--or at least no negative reaction--were they to move toward either expansion of present programs or decentralization and accompanying program changes.

Program: Basic On-Grounds Coverage

In order to assess the degree of basic program coverage, tallies were made of the number of institutions providing various types of admissions exams, education, counseling, and recreational services and the degree of provision of such services on-grounds to resident populations.

Admissions Exams

Institutions place varying emphases upon diagnostic procedures at point of admission. Of 32 reporting institutions, almost all insure that every child has a physical exam at admission, but fewer than half either require of or provide every child with the other types of diagnostic evaluations listed in Table 4-7.

Also, few institutions conduct diagnostic evaluations on-grounds or have them carried out by the larger sponsoring organizations to which they are tied. It is far more common to find referring agencies financing evaluations prior to referral or institutions referring children to low cost public facilities (e.g., hospitals or clinics) during the admissions process to obtain evaluations as shown in Table 4-8.

Table 4-7

Distribution of Institutions by Percentages of Children Having Selected Types of Diagnostic Evaluations at Admissions

	% of Children				
	0	1-50	51-99	100	Inst. Totals
Physical Exam	--	1	1	30	32
Dental Exam	14	3	2	13	32
Psychological Tests	3	10	5	14	32
Psychiatric Evaluations	19	8	3	2	32

Table 4-8

Distribution of Institutions by Provider of Diagnostic Evaluations (N=32)

	Provider:					
	Inst.	Agency Sponsoring Inst.*	Referring Agency	Inst. Referral to Public Facilities	Inst. With No Provision for Exams	Inst. Totals
Phys. Exams	2	--	18	12	--	32
Dental Exams	2	--	8	8	14	32
Psych. Tests	4	1	17	7	3	32
Psych. Eval.	2	1	7	3	19	32

*Total number of institutions in this column is 20.

Education Programs

Eight of 32 reporting institutions have on-grounds school facilities although only 2 have their entire resident populations attending these schools. Two of the remaining 6 institutions have over half of their residents attending on-grounds schools and the other 4 utilize such facilities for less than half of their child populations.

Regarding supplimentary or specialized educational or training programs, most institutions offer little or nothing in the way of vocational training, home economics, or remedial education classes. The lack of vocational and home economics programs may be attributed to the fact that primarily pre-teenage populations are being served. Also, to some extent the absence of remedial education programs may be offset by the use of individualized tutoring in several institutions.

A final note of interest in this area is that 13 institutions place substantial emphasis upon religious education while the remaining institutions offer little or nothing to their residents in terms of this type of on-grounds programming.

Table 4-9

Distribution of Institutions by Percentages of Residents Participating in Selected On-Grounds Education Programs

	% of Residents Participating:						
	No Prog.	1-25	26-50	51-75	76-99	100	Inst. Totals
Indiv. Tutoring	6	8	11	2	1	4	32
Resid. Classes	20	3	17	--	1	1	32
Relig. Education	17	1	1	--	1	12	32
Art, Music Educ.	13	8	6	2	1	2	32
Voc. Training	23	5	3	--	1	--	32
Home Econ.	26	1	4	--	--	1	32
Phys. Educ.	15	1	1	2	5	8	32
Other	31	--	--	--	--	1	32

Counseling Programs

The most wide spread emphasis in on-grounds counseling programs is on provision of individualized case work services. Over half of all institutions provide regular case work services to every resident. Other helping professionals such as psychologists and psychiatrists are relied upon sparingly, being utilized in cases of specialized need rather than on a regular or periodic basis.

Other counseling or therapy programs which might be thought of in some ways as innovative departures from individualized counseling, such as group and play therapy, are not presently being generally implemented in most institutions.

Table 4-10

Distribution of Institutions by Percentages of Residents Participating in Selected On-Grounds Counseling Programs

	% Residents Participating:						
	No Prog.	1-25	26-50	51-74	75-99	100	Inst. Totals
Case Work	3	5	4	3	2	15	32
Sessions w/ Psychiatrist	13	15	3	—	—	1	32
Psychological Counseling/ Testing	8	10	5	—	1	8	32
Group Work Therapy	11	8	4	2	—	7	32
Play Therapy	20	5	—	—	1	6	32
Other	29	1	—	—	—	2	32

Recreation Programs

As previously noted, most directors are generally satisfied with their existing indoor and outdoor facilities--exclusive of living arrangements. Data in this section tend to suggest that these facilities are not commonly being utilized for organized sports, games, and other recreational activities.

A small number of institutions (n=6) have fairly comprehensive recreation programs offering residents choices among 3 or more activities while an equal number have no organized programming.

It would appear from data in Table 4-11 that the most common form of organized or guided recreation now being utilized is that of indoor game activities which involve at least half of all residents in 21 or 32 reporting institutions.

Table 4-11

Distribution of Institutions by Percentages of Residents Participating in Selected On-Grounds Recreation Programs

	% Residents Participating						
	No Prog.	1-25	26-50	51-74	75-99	All	Inst. Totals
Organized Outdoor Team Sports	13	1	6	2	1	9	32
Organized Indoor Team Sports	17	--	5	2	3	5	32
Organized Outdoor Games	17	1	4	2	4	4	32
Organized Indoor Games	10	1	4	4	3	10	32
Periodic Movies	13	1	3	--	2	13	32
Guided Crafts/ Hobbies	14	5	7	1	1	4	32
Other	27	--	1	1	1	2	32

On-Grounds Decision-Making Structures

Some who read this section may initially think it peculiar that decision-making is identified and dealt with as program activity.

Program is usually conceptualized as those discrete services an institution provides, such as education, counseling and recreation. But within and across these services, institutions can have--and often do have--quite different ways of carrying these activities out.

By evaluating the pattern of decision-making in institutions some insights can be gained into how relationships are transacted between staff and resident children, how involved children are in managing their affairs, and who is in fact responsible for child guidance and treatment.

From a community-oriented perspective, the best decision-making structure is the one that allows a child maximum responsibility in managing his own affairs and provides the child with a just system of rewards and discipline which together prepare him for responsible community living.

Daily Life Decision-Making Structures: Measurement Approach

Data on how children are dealt with in the totality of their daily-life experiences in institutions is of central importance to an evaluation of the residential care of children.

To gather this data, a 42 item instrument was developed and administered to all directors to obtain their views on who is involved and who has final authority in deciding on a variety of issues ranging from bed times to when a child may begin to date or drive an auto.*

---

*Data presented here derives from directors. In order to assess the degree to which other staff deviate from or agree with these perceptions on decision-making, the same instrument is now being administered to a sample of cottage life and social service personnel throughout the state. Results of this study will be made available in a future report.

In order to determine if decision-making structures differ depending on whether the issues covered relate to community behavior vs on-grounds behavior, and whether they differ if decisions are related to younger vs adolescent children, the instrument was constructed with 21 items covering on-grounds behavior and equal number covering community behavior. Within the total of 42 items, 10 dealt specifically with adolescent behavioral issues allowing sub-analyses of decision-making structures covering the older child.

Daily Life Decision-Making Modes

The most frequently used decision-making pattern as determined from responses to the 42 item instrument is considered here as an institution's decision-making mode. Very little difficulty was encountered in most institutions in determining the most common pattern.

Table 4-12 below presents the distribution of institutions by their decision-making modes as they are applied to guiding on-grounds, community, adolescent, and overall resident child behavior.

Table 4-12

Distribution of Institutions by Daily Life Decision-Making Modes (N=32)

Type of Child Behavior	N	Most Common Pattern or Mode of Involvement: Dir Only	Pro Staff Only	Dir & Pro Staff	Cot Par Only	Dir &/ or Pro Staff & Cot Par	Dir &/ or Pro Staff Cot Par & Child
On-Grounds	32	3	—	--	3	8	18
Community	32	5	3	3	—	9	12
Adolescent	30*	8	--	4	—	5	13
Overall (Totals)	32	5	2	1	--	8	16

*N=30 for adolescent, 2 institutions neither having or serving adolescents at time of data collection.

Of initial interest here is that one-man rule (director only) increases from 3 to 5 to 8 institutions as we progress from on-grounds to community to adolescent behavior. The progression is from 3 to 11 to 12 institutions if decision-making involvement is expanded to include professional (primarily social service) staff.

Cottage parents and the children themselves are most commonly involved in daily life decision-making at the level of on-grounds behavior with a very noticeable shift to higher staff levels in matters of governing community and adolescent behavior.

Overall, half the institutions report that children are commonly involved in making decisions governing their daily lives.

Daily Life Decision-Making: Frequency of Involvement

Another way of looking at this data is to compute the percentage of involvement of various staff levels in making decisions on various types of child behavior. Table 4-13 following incorporates the additional refinement of the amount of direct involvement of institutional boards.

Table 4-13

Extent of Involvement in Daily Life Decision-Making by Staff Level and Type of Child Behavior

Type of Child Behavior	N	% Staff Level Involvement				
		Board	Dir	Pro* Staff	Cottage Parents	Children Themselves
On-Grounds	32	7.0	55.0	39.0	71.0	45.0
Community	32	13.0	62.0	52.0	60.0	36.0
Adolescent	32	14.0	64.0	44.0	50.0	39.0
Overall (Totals)	32	10.0	59.0	46.0	65.0	41.0

*Computed across 26 institutions having such staff at time of data collection.

Shifts in decision-making involvement are perhaps more noticeable in this presentation with the clearest shift being increased involvement of boards and directors and decreased involvement among cottage parents as progression is made downward from on-grounds to community to adolescent types of child behavior.

Comparing across staff levels, it is also significant that professional staff involvement never exceeds that of the directors regardless of type of child behavior.

Daily Life Decision-Making: Final Authority

Given that disputes are possible over the proper decision whenever several staff--and the child himself--are involved in deciding, the question arises as to who has final authority in such situations.

Table 4-14 gives the extent to which various staff levels exercise final decision-making authority on various types of child behavior.

Table 4-14

Extent of Exercise of Final Authority in Daily Life Decision-Making, by Staff Level and Type of Child Behavior (N=32)

Type of Child Behavior	% Staff Level Final Authority					
	Board	Dir.	Pro Staff	Cottage Parents	Children Themselves	Totals
On-Grounds	5.0	39.0	18.0	32.0	6.0	100.0
Community	8.0	51.0	26.0	13.0	3.0	100.0*
Adolescents	11.0	54.0	17.0	13.0	5.0	100.0
Overall (Totals)	7.0	45.0	18.0	24.0	5.0	100.0

*Percentages do not add to 100 due to rounding error.

While children and cottage parents seem to be involved in the daily life decision-making process to a fairly high level--at least in some institutions relative to on-grounds behavior--they have very little final say in such matters. Indeed, neither does professional staff.

Directors would seem to clearly hold the reins in regard to final authority with obviously greater executive control being exercised in matters of community and adolescent behavior.*

The general pattern in daily life decision-making seems to be that of the director maintaining high involvement and substantial control in matters involving highly visible child behavior (behavior in the community and that of adolescents). Perhaps this involvement and control is viewed as necessary by directors since decisions which contribute to poor or bad child behavior in these areas might result in the community holding the institution accountable.

Daily Life Decision-Making: Discipline/Rewards

A final dimension of the decision-making structure having daily impact on resident children is that of discipline/rewards. Of particular interest are the types of rewards and disciplinary measures utilized, and which staff undertake these assignments.

To measure decision-making on these matters, an instrument composed of 20 negative behaviors (from swearing to smoking pot) and 12 achievements (from excellence in school grades to proper table manners) was given to all directors with a request that they record the usual type of institutional response to such behaviors and who has the responsibility for responding.

---

*If weights (numbers) are assigned to each staff level (from 1 for board through 5 for children) to enable computation of overall means, the progression toward centralization of final authority can be seen more succinctly, a lower mean indicating greater central authority. The mean for overall child behavior is 2.79, for on-grounds 2.99, community 2.58, and for adolescent 2.51.

Discipline: Types and Staff Responsible

A variety of disciplinary measures are used, including on occasion spanking in at least 9 institutions. Our interest, however, lies in comparing the frequency of use of the harshest possible measure (expulsion) to the mildest (verbal reprimand). For this reason, ratios were computed which show this comparison. As an example, a ratio of 10:1 (read 10 to 1) would indicate in Table 4-15 below that verbal reprimand is used roughly 10 times more often than expulsion as a disciplinary measure.

Table 4-15

Distribution of Institutions by Ratios of Use of Verbal Reprimand/Expulsion as Disciplinary Measures, For First and Repeated Offenses

		Frequency of Use of Verbal Reprimand/Expulsion					
	N	Below 1:1	Between 1:1-10:1	Between 11:1-25:1	Between 26:1-50:1	Above 51:1	Sample Average Ratio
First Offense	30	3	8	4	3	12	66:1
Repeated Offense (of same behavior)	22*	12	10	—	—	—	4:1
Overall (Totals)	30	8	12	6	4	—	17:1

*Two directors claimed no knowledge about how to respond to repeated offenders, and 8 others indicated they presently had no coherent approach for coping with them.

The data indicate that a number of institutions (n=11) use expulsion as a response to first infractions of rules fairly often (at least in 1 out of 10

occasions), and that 3 institutions use expulsion more often than verbal reprimand.

If a child repeats the same mistake, the readiness of institutions to expell the child increases markedly. All 22 responding institutions indicated frequent use of expulsion in such cases, 12 of which utilize expulsion more often than verbal reprimand.

Another series of ratios was computed to determine the extent of cottage parent responsibility for exercising discipline compared to that of directors.

Since cottage parents have the most intense and frequent contact with the children day to day, we were interested in how much actual authority they have in disciplining child behavior.

Table 4-16 presents the distribution of institutions by how often cottage parents exercise discipline: the larger the ratio, the greater the involvement of cottage parents and the lesser the involvement of directors.

Table 4-16

Distribution of Institutions by Ratios of Who Disciplines, Cottage Parent/Director, For First and Repeated Offenses

		How Often Cottage Parents/ Directors Discipline					
	N	Below 1:1	Between 1:1- 5:1	Between 6:1- 10:1	Between 11:1- 25:1	Above 26:1	Sample Average Ratio
First Offense	31	7	9	2	3	10	55:1*
Repeated Offense (of same behavior)	31	27	--	1	--	3	17:1
Overall (Totals)	31	23	4	--	--	4	21:1

*Sample average ratio distorted by fact that ratios of 100:1 were reported for 2 institutions.

This distribution suggests that cottage parents exercise discipline quite frequently for first offenses in about half of all institutions but that if a repeated offense occurs, directors in almost all institutions assume control.

Of more interest is the fact that in general (the overall ratios for first and repeated offenses) directors assume responsibility for discipline in most institutions.

Another way of showing the degree to which discipline is centralized is to average the frequency of exercise of discipline for all staff levels.*

Table 4-17

Distribution of Institutions by Staff Level Most Often Exercising Discipline, For First and Repeated Offenses
(N=31)

	N	Mostly* Director	Dir and Pro Staff	Mostly Pro Staff	Mostly Cottage Parents	Sample Mean
Range of Mean	31	-2.00-2.50	2.51-3.00	3.01-3.50	3.51+	
First Offense	31	4	1	10	16	3.25
Repeated Offense (as same behavior)	31	19	4	3	5	2.48
Overall (Totals)	31	5	14	7	5	2.86

*A mean of 2.00 indicates directors make all disciplinary decisions and a mean of 4.00 or above would indicate cottage parents make all such decisions.

*Averages are derived here by assigning weights (numbers) to staff levels as previously discussed. See footnote, p. 44.

These data show a little more graphically how responsibility for discipline shifts depending on whether the behavior in question is a first or repeated offense. It also shows a bit more clearly that overall responsibility for discipline is maintained either by the director or in concert with professional staff in most institutions.

Rewards: Types and Staff Responsible

In contrast, responsibility for providing rewards for excellent behavior is primarily in the hands of cottage parents, as shown in Table 4-18.

Table 4-18

Distribution of Institutions by Staff Level Most Often Responsible for Providing Rewards

	N	Mostly* Dir	Dir and Pro Staff	Mostly Prof Staff	Mostly Cottage Parents	Sample Mean
Range of Mean	32	-2.00-2.50	2.51-3.00	3.01-3.50	3.51+	3.56
Number of Inst.	32	3	2	7	20	

*A mean of 2.00 would indicate that directors provide all rewards, one of 4.00 or above that cottage parents provide all rewards.

Moreover, rewards are commonly of a rather intangible sort, namely verbal praise. In order to determine how often tangible rewards (community privileges) are utilized compared to less tangible rewards (verbal praise) ratios were again computed and the results obtained are shown in Table 4-19.

Table 4-19

Distribution of Institutions by Ratios of Use of Community Privileges/Verbal Praise as Rewards for Excellent Behavior (N=32)

	Frequency of Use Community Privileges/Verbal Praise				
	4:1 & above	3:1	2:1	1:1 & below	Sample Average Ratio
Number of Inst.	1*	—	—	30	1:3

*Ratio is 58:1 here which has dramatic effect on sample average ratio.

The overall impression relative to discipline/rewards is that a majority of institutions stand ready to exercise harsh discipline, especially for repetition of offenses, while few in contrast regularly provide tangible rewards for excellent behavior.

Directors maintain substantial control over disciplinary measures in most institutions while, in contrast, it is up to the cottage parents to reward children.

From a programmatic standpoint, it would seem that resident children can expect relatively harsh discipline exercised by the prestigious figure of the director fairly often should they misbehave, and most often a simple pat on the back by the least prestigious staff (cottage parents) when they excell.

Our view is that this process should be reversed wherever it exists so that those who know the child most intimately (cottage parents) exercise discipline suited to the child. In order to make rewards more meaningful, on the other hand, they should be both more concrete in nature, and receive wider public attention as reflected in having the director more frequently involved in bestowing them.

Program: On-Grounds Practices that Stigmatize Child Participation in Community

A final component of on-grounds program deals with the degree to which resident children participate in community activities and the extent to which institutional practices in supporting such participation differ from those a child might experience were he living in his own home. The purpose here, in other words, is to try to evaluate how institutional practices might contribute to labeling resident children or setting them off as different from their non-residential peers in community activities.

Amount of Community Participation

In order to get a general reading on community participation, directors were asked to indicate how commonly their children are involved in 13 types of community activities, from unorganized activities like shopping to organized activities such as boy scouts.

Table 4-20

Distribution of Institutions by General Levels of Community Participation by Child Populations

		Level of General Participation			
	N	Low**	Moderate	High	Sample Mean
Range of Mean	32	-3.40	3.40-3.90	3.91+	*3.88
Number of Inst.	32	12	4	16	

*Theoretical maximum mean is 6.00 meaning total participation in all 13 types of activities, with minimum being 0.00. Range in sample was 2.23 to 5.62.

**Low: less than 25 percent participate in fewer than 4 activities.
Moderate: about 50 percent participate in at least 4.6 activities.
High: over 50 percent participate in more than 6 activities.

Averages computed from these responses provide an indication of the general level of community participation among the residents of each institution, although it should be noted here that institutions low in general participation may frequently have most of their children participating in selected community activities such as church attendance or team sports.

Participation by resident children in various community activities is relatively high in the majority of institutions, but a question remains as to institutional practices in getting children to and from the community, that is, who accompanies them and what kinds of transportation are used.

Table 4-21 indicates that children are rarely allowed to go into the community in unsupervised groups although children are given this latitude in several institutions when going individually. Also, regardless of whether traveling in groups or individually, almost all institutions utilize their own vehicles in transporting children.

Table 4-21

Distribution of Institutions According to Who Usually Accompanies and Most Common Mode of Transport Used When Children Go to Community

		Who Commonly Accompanies:			Most Common Mode of Travel:		
	N	Staff	Vol/ Par*	Travel Alone	Inst. Car/Bus	Vol/ Par	Public
Groups of Children	32	16	15	1	29	2	1
Individual Children	32	9	13	10	27	3	2

*Represents Volunteers/Parents

The mobility of children is also restricted by institutional policies on the possession and use of bicycles. While almost all allow possession, 22 of 32 reporting institutions indicate that use is restricted to institutional grounds.

It is worth considering here whether some of these practices may not be potentially stigmatizing for resident children, especially in regard to staff accompaniment and traveling in institutional vehicles (particularly if institutionally labeled). Whether such practices are stigmatizing, in reality, of course, depends on whether or not the community holds a low opinion of the institution and the children it serves.

Residential children can also be set apart from their peers in community by visible evidence that they are "charity cases". Among other ways that this may occur are the wearing of worn, ill-fitting, or out of style clothing and attendance at paid events only through provisions of gift tickets or free passes.

Practices of these sorts tend to be avoided by most institutions. Only 6 of 32 institutions indicate that clothing is obtained strictly through donations and only 1 has a practice of replacing clothing only at scheduled times rather than as needed.

Ten institutions do indicate that attendance at paid events occurs only when free tickets or passes are given to the institution, but the remainder indicate a policy of providing money insofar as possible so children can "pay as they go".

In sum, institutional practices related to community participation of residents are a mixed bag. Most institutions appear sensitive to the issues involved and tailor practices accordingly, although a greater reliance upon community volunteers and/or parents to supervise and transport children, especially in groups, could reduce a wide spread potential for stigmatization in these areas.

Community Service Programs

We have looked in detail at what institutions currently offer in terms of on-grounds programs for residents. To complete the picture, it is necessary to review what institutions offer in the way of community services.

Community Use of Facilities

First, institutions reflect a program emphasis in what they allow in the way of community use of their facilities. Institutions were asked to indicate whether non-residents are invited to use facilities jointly with residents and/or exclusively for their own purposes.

Table 4-22 indicates non-residents regularly utilize institutions for either general purpose in relatively few instances:

Table 4-22

Distribution of Institutions by Frequency of Use of Facilities by Non-Residents

General Purpose	N	On-Going Approval of Use	Occasional or Special Approval of Use	Not Approved or Never Utilized
Non-Resident Children free use of play equipment	32	8	15	9
Non-resident children invited to organized activities with residents	32	6	16	10
Sponsor day-care program for residents/non-residents	32	1	2	29
Community agency use for non-resident day-care only	32	1	1	30
Non-resident children's groups/clubs use for own purposes only	32	4	12	16
Adult groups (church, school, etc) use for meetings/club activities	32	7	17	8

A good many directors do state an interest in broadening the use of facilities by their communities, but feel the major impediment to be a lack of funds and staff to support such a move.

Service Programs for Non-Resident Children

Use of facilities is one thing, on-going programming for non-resident children is quite another. Table 4-23 indicates that provision of any kind of direct services to non-residents is practically non-existent, for reasons much the same as those given by directors above.

Table 4-23

Distribution of Institutions by Degree of Involvement in Provision of Selected Services to Non-Resident Children

Type of Child Service	N	Degree of Involvement: Provide Direct Services	Refer to Other Source Only	Neither Provide Nor Refer
Casework	32	7	--	25
Family Therapy	32	2	4	26
Group Therapy	32	--	2	30
Day-Care for Working Parents	32	3	--	29
Foster Home Serv.	32	--	3	29
Group Home Serv.	32	--	1	31
Adoption	32	--	2	30
Pregnant/Unmarried Parent Services	32	1	1	30
Other	32	2	--	30

In sum, only 8 of 32 reporting institutions provide any type of services--referral or direct--to non-resident children or their families.

Work with Parents

Turning to the crucial area of services to parents of current residents, the picture is not overly bright. Almost half of all reporting institutions (n=14) make no organized effort of any kind, and among those with programs, almost all activities are carried out at the institutions, not in the parents' home. No institution offers a comprehensive program offering a full battery of services to every available parent.

Table 4-24

Distribution of Institutions by Percentages of Parents Involvement in Selected Parent Service Programs

Type of Service	N	No Prog	% of Parents Involved 1-25	26-50	51-74	75-99	All
Family Counseling (Parent/Child)	32	16	9	3	1	2	1
Parent Group Sessions	32	24	5	3	—	—	—
Casework w/ Parents	32	14	6	5	4	2	1
Psychological Testing of Parents	32	32	—	—	—	—	—
Overnight Visits by Parents at Inst.	32	25	6	1	—	—	—
Regular Home Visits by Staff to Parents	32	30	1	1	—	—	—

Pre-Placement/After-Care Services

Finally, there is the matter of extending services to children following replacement to the community. The extent to which institutions prepare children for placement and remain directly involved with children after release is reflected in Table 4-25 following.

Table 4-25

Distribution of Institutions by Degree of Involvement in Selected Pre-Placement/After-Care Services

Types of Pre-Placement/ After-Care Services	N	Provide Direct Service	Refer Only	Neither Refer Nor Provide
Pre-Placement Visits	32	16	11	5
Pre-Placement Parent Counseling (Natural or Substitute)	32	19	5	8
Foster Home Finding	32	7	11	14
Foster Home Services	32	3	11	18
Group Home Services	32	1	6	25
Adoption	32	1	6	25
On-Grounds Day-Care After Placement	32	—	4	28
Reacceptance for Temporary Shelter After Placement	32	16	7	9
Home Follow-up Visits	32	11	7	14
Job Finding	32	21	5	6

Better than half of all reporting institutions directly provide pre-placement visits and parental counseling, and a similar number offer reacceptance for temporary shelter and job finding services where needed.

On the other side of the ledger, very few institutions undertake any direct responsibility for finding or providing placements for resident children.

Overall the record is not very impressive. No single institution directly provides more than 5 of the services listed. It would seem that this crucial phase of service provision could well afford a substantial upgrading in most institutions.

Capsule Summary

Facilities

Most institutions offer cottage type living arrangements exclusively. Five of 32 offer dormitory living, 3 of which offer dormitory living only.

Centralized meal preparation and/or serving continues to be utilized rather widely for some or all meals. Fourteen of 32 institutions prepare and serve all meals in cottage units and an additional 3 prepare meals centrally but serve all meals in cottages.

Remodeling and new construction activities over the last decade have tended to emphasize recreational improvements, and few institutions are currently undertaking any major facility changes.

Directors appear to be generally satisfied with general indoor and outdoor facilities for study, recreation, etc.; however, there is fairly widespread dissatisfaction with living and eating arrangements.

Program: Directors' Change Orientations

Twenty-two directors foresee no need to change facilities to accomodate radical program changes, since they are planning no such changes. Eight of the remaining 10 indicate a need to go to group home or similar types of facilities to adapt to serving older and/or more problematic children.

The great majority of directors are satisfied that basic services provided by their communities are adequate to operate their physical plants, but all are extremely dissatisfied with perceived inadequacies in community services (e.g., health, social, etc.) necessary to operating their existing programs.

Hesitancy about community reactions rather than complacency may underlie the apparent desires of most directors to stick with present programs. Most feel their communities would strongly disapprove increasing services to black, mentally retarded, and/or delinquent children. On the other hand, they feel their communities would support fund raising to expand existing programs and/or to decentralize facilities and program.

Program: Basic On-Grounds Coverage

Admissions Exams

Emphases differ markedly on child coverage regarding admission exams. Almost all (n=30) institutions require or provide physical exams for every child at admission, while 14 and 19 institutions respectively neither require or provide dental or psychiatric evaluations for any child. Nineteen institutions obtain psychological testing results on a majority of children at admission.

Institutions themselves do not ordinarily perform admissions exams of the above types. In the vast majority of cases, referring agencies either undertake this responsibility or children are referred to low cost public clinics during the admissions process.

Educational Programs

More than half of all institutions either offer none of 7 different types of educational programs or offer them to small minorities of resident children.

The main emphases in this area are upon utilizing volunteers mostly to offer individualized tutoring (26 of 32 institutions offer this to some degree) and religious education (where 12 institutions appear to require it of every resident).

Counseling Programs

Counseling services appear to follow a rather traditional pattern. Casework services are provided to every child in 15 of 32 institutions, and only 3 have no such program at all. Supportive services of psychiatrists and psychologists appear to be used selectively with small minorities of residents as needed, with 13 and 18 institutions respectively not using either type of specialist at present.

Comparatively innovative therapeutic approaches are relied upon to much lesser degrees. Nineteen institutions either do not use the group therapy approach in any form or apply it to small minorities of residents, and 20 institutions have no structured approach to utilizing play activities for therapeutic purposes.

Recreation Programs

The general impression regarding recreational programming is that free play and undirected activities are the main fare. A majority of institutions (ranging from 16 to 26) either do not have--or have fewer than half their children participating in--each of 6 types of organized on-grounds type of recreational activities.

This is not to say that organized recreational programs are not offered, but it is to say that on an overall basis such programs are hardly comprehensive in terms of the number of organized activities offered or the number of children participating.

Program: On-Grounds Decision-Making Structures

Daily Life Decision-Making

The most common pattern of involvement in making decisions governing the daily behavior of resident children is reported to be multi-staff level. Twenty-four of 32 institutions indicate that the director, professional staff and cottage parents are commonly involved in most decisions, and 16 institutions of that number indicate children are also regularly involved.

But involvement is one thing, actual influence quite another. The involvement of cottage parents and children seems commonly limited to on-grounds behavior, and even in this area children have very little final say in decisions.

As the behavior to be governed becomes more publicly visible (behavior in community) or risk laden (adolescent behavior), decision-making clearly becomes more centralized in the person of the director, and cottage parent influence declines accordingly.

Of equal importance is the apparent fact that the professional staff (basically social service personnel) have less general involvement in the decision-making process than cottage parents, and far less final say in making decisions than directors, regardless of the type of behavior being considered.

Discipline/Rewards

Discipline for first offenses in the majority of institutions takes the form of verbal reprimand administered by cottage parents. However, the repeated offense of a disapproved behavior results in the director assuming control in most institutions (27 of 32) and exercising harsh measures. Expulsion is quite frequently used in 22 of 32 institutions in response to repeated offensive behavior.

While directors appear to maintain substantial involvement in disciplinary matters in 20 of 32 institutions, cottage parents hold most responsibility for providing rewards for outstanding behavior.

Intangible rewards (verbal praise) are commonly relied upon in all institutions with one exception where the common pattern is to provide more concrete responses (increased community privileges).

As in other decision-making patterns, the level of involvement of professional staff in exercising discipline and providing rewards is minimal. Professional staff have common or primary responsibility in such matters in only 7 of 32 reporting institutions.

Program: On-Grounds Practices That Stigmatize Child Participation in Community

Most institutions seem sensitive to institutional practices which tend to set resident children off or mark them as different from their peers in community activities.

Most, for example, appear to attempt to keep clothing up to date in terms of style, fit, and repair. Again, most attempt to provide spending money for paid events rather than commonly depending on charity or free tickets.

On the other hand, there is a high degree of staff supervision of children when they are in the community and a high reliance upon use of institutional vehicles for transportation, especially when children leave the grounds in groups.

Community Service Programs

Institutions generally do not distinguish themselves currently in matters of direct services to non-resident children and adults.

Only a small minority are found to provide any of a variety of direct social services to non-resident children and their families, or to offer their facilities for organized or unorganized use by community residents on a regular basis.

In regard to community services for residents, a considerable majority directly provide pre-placement preparation or at least refer children and/or their families to other sources.

On the other hand, very few directly engage in regularly finding placements (n=7) or providing placements (n=3), and only 11 of 32 institutions do follow-up visits after placement.

Finally, a very substantial program weakness exists in the area of work with parents.

A majority of parents are engaged in casework counseling at 6 institutions, and 4 institutions provide family counseling (parent/child) for at least half of all parents. These are the only examples of services (of any of the 6 types evaluated) being provided to parents on a broad coverage or general basis.

In contrast, only 2 institutions make at least infrequent visits to parental homes while children are in residence, and only 7 institutions provide at least limited facilities for overnight visits by parents at the institution.

Chapter 5

Staff: Who Does the Serving?

Staff Structure

Number and Type

Thirty-two institutions reported a grand total of 481 full-time employees, 186 part-time employees, and 281 volunteers on staff as of April, 1972.

The distribution of staff by specialization performed is given in Table 5-1 over leaf.

The most common staff structure is quite simple, composed of a director, one or more social service staff, several cottage parents and a few maintenance type personnel.

The 43 full-time education personnel are employed in 11 institutions, 8 of which have schools on-grounds. One institution employs 20 of the total number.

Twenty-five of 32 reporting institutions have full-time social service personnel indicating that the state total of 40 professional and non-professional staff is spread quite thinly across them. Ratios of 165 children per every full-time professional and 49 per every full-time non-professional are sobering indeed.

The ratio of 1 cottage parent per every 6 children is somewhat misleading since several institutions now utilize revolving cottage parent approaches--either the 4 day on-3 day off, or the day-night shift methods.

This means that at one institution cottages housing 12 children might have 4 cottage parents, a ratio of 1 to every three children. In contrast, 37 full-time "cottage" parents live in and supervise dormitory living where the ratio is a minimum of 1 to every 20 children.

Table 5-1

Distribution of Total Institutional Staff
by Specialization Performed
(N=32 Institutions)

Type of Specialization	N	Full time	Part time	Volunteer	Ratio No. Full-time Staff/No. Residents
Executive (Dir & Ass't Dir)	51	51	—	—	1:30**
Education	205	43	42	120	1:35
Recreation	75	8	8	59	1:190
Pro. Social Serv.	16	9	7	—	1:165
Non-Pro. Social Serv.	36	31	3	2	1:49
Cottage Parents	281	262	10	9	1:6
Cottage Life Ass'ts	21	17	2	2	1:89
Other*	263	60	114	89	1:25
Totals	948	481	186	281	1:3+

*Other includes mostly paid maintenance, farm labor, kitchen help, dieticians, and domestic servants.

**Ratios rounded to nearest whole person. Ratios were computed using an estimate of 1500 residents in the 32 reporting institutions.

Although a majority of institutions share a common type of staff structure (excepting those with schools on-grounds), they differ very markedly in overall staff size.

Institutions range from 4 to 43 relative to numbers of full-time employees, and from 5 to 86 when part-time employees are also included.

Use of Volunteers

Data indicates that volunteers are utilized primarily to assist in two types of programming, education (mostly individual tutoring) and recreational activities.

Further analysis also shows that the utilization of volunteers is concentrated in a few institutions. For example, one institution utilizes over half of all volunteers in educational programming (62 of 120) and about 40 percent of all volunteers in recreational programming (20 of 59).

In the aggregate, a total of 4 institutions utilizes 90 percent of all education program volunteers and another total of 4 institutions utilizes 90 percent of all recreation program volunteers.

In contrast, 11 institutions presently do not make use of volunteers for any program purpose.

Overall, institutions employ 2 paid (full and part-time) staff (excluding "other" category) for every volunteer utilized. Given the fact that most institutions have demonstrably thin paid program staffs, this ratio suggests that the utilization of volunteers to share the burden of service delivery is being grossly under-exploited.

This at least would seem to be one alternative toward beefing up program manpower in the absence of sufficient funds to hire more paid personnel.

Another alternative, that of cutting administrative costs and diverting such savings to enhance program staff seems to hold little potential in most institutions.

Administrative payrolls do not seem to hold much fat: administrative responsibility is already spread thinly as reflected in the state ratio of one administrative person for every 9 paid service staff (excluding again the "other" category).

Use of volunteers, then, would seem to represent a feasible and virtually untapped source for expanding program manpower.

Turnover and Unfilled Positions

Directors report some interesting data on turnover rates and numbers of unfilled positions at the level of full-time staff for the calendar year of 1971.

The average turnover rate in full-time positions across 33 reporting institutions in 1971 was 26 percent, a moderately high but not frightening figure.

Seven institutions experienced no turnover among full-time staff in 1971, and 12 others had turnover rates below the state average. Ten institutions experienced turnover rates between 26 to 50 percent of total full-time staff, and 4 were confronted with departure of between 51 and 83 percent of full-time staff.

In spite of this, only 3 institutions indicated they had one or more full-time positions unfilled at the end of the calendar year, and only 1 of these 3 institutions had a turnover rate above the state average during the year.

There may be many interpretations of these data, but if we accept them at face value they indicate that staff did not leave most institutions in large numbers during 1971, and there appeared to be very little difficulty in replacing those who did.

Staff Backgrounds

Data on staff backgrounds derives from questionnaires submitted to all paid staff in all 36 institutions. Staff in 34 institutions complied in whole or part, providing us with a range of 324 to 343 usable responses to the various informational requests reported on here.

Sex and Age Distribution

Sixty-eight percent of all responding staff (232 of 342) are female, this figure being influenced by the fact that 44 percent of all paid staff are cottage life personnel, the majority of these being women.

At least in raw numbers, the majority of institutions are dominated by the fairer sex, as shown in Table 5-2.

Table 5-2

Distribution of Institutions by Staff Percentages Male/Female*

	← % Male				% Female →			
	100	+75-	+67-	50-50	-67+	-75+	100	Total
No. of Inst.	--	--	1	7	8	11	5	32

*Computed from 342 staff responses.

Staff as a whole are rather evenly spread across all age categories as reflected in Table 5-3.

Table 5-3

Distribution of Total Institutional Staffs by Age Level

	Age Range						
	-21	21-30	31-40	41-50	51-60	61+	Total
No. of Staff	3	96	46	55	85	47	332
Percent of Total	--	29.0	14.0	17.0	27.0	14.0	100.0*

*Percentages do not add to 100 due to rounding error.

Eighteen institutions have majorities of their staffs drawn from a single age group while the remaining 14 have staffs with no dominant age group, as outlined in Table 5-4.

Table 5-4

Distribution of Institutions Having 50 Percent or More of All Staff in One Age Group

	50% or More of Total Staff Are:							
	-21	21-30	31-40	41-50	51-60	61+	No Majority	Total
No of Inst.	--	7	2	3	6	--	14	32

Marital Status

The distribution of staff according to marital status is as follows: 55 percent married and living with spouse (n=209), 18 percent single (n=48), 17 percent widowed (n=54), 8 percent divorced (n=27), and less than 1 percent other status (n=5).

Interestingly enough, only 30 percent of all staff (n=102) indicates having at least one or more of their own children under age 18 living at home, with 9 percent (n=28) having 3 or more of their own children still living with them.

Life Style

Our data also allows a sketch of the strength of the association between staff members and the institutions they serve. From these data it would seem that institutions afford more than a simple job to the great majority of employees. Institutions play such a central role in the daily lives of staff that it seems fair to say that they provide more than a wage, they provide a pattern for living for a great many employees.

To begin with, 3 of every 4 staff members grew up in rural or small town environments. Twenty-five percent (n=85) came from farm backgrounds, 18 percent (n=59) from rural non-farm origins, 32 percent (n=108) from small towns--under 50,000 in population, and the remaining 25 percent (n=85) grew up in cities over the size of 50,000.

The small percentage of staff coming from large city upbringings is concentrated in 5 institutions located in cities of over 50,000 in size. Conversely, all institutions located in rural or small town areas (n=13) and 14 of 19 institutions in cities over 50,000 have staff majorities with rural or small town backgrounds.

It is worth pondering whether staff origins influence services provided to children in any important respect. Does it make any difference, for example, that 14 institutions located in large cities serving children primarily of urban origin, have staff majorities with rural and small town backgrounds?

It is not possible here to determine the extent to which similar backgrounds bind staff together in individual institutions, but it can be shown in other ways that staff ties to their institutions are quite substantial.

For example, 68 percent of all currently married staff responding to the questionnaire (142 of 209) indicate that their spouses also work at the institution part or full time. This, of course, largely--but not entirely--reflects the situation for cottage parents.

Coincidentally, 78 percent of all staff (n=267) live on-grounds and 76 percent (n=253) eat all daily meals on-grounds. Only 10 percent of all staff indicate never eating meals on-grounds.

Ties to institutions can also be evaluated in terms of the length of time staff have invested in their jobs. Table 5-5 indicates that relatively few staff members are either new to their institutions or their present jobs.

The similarity in the distributions in the following table tends to suggest that most staff remain permanently in the job they were originally hired to do. Also, the low numbers of staff with less than 1 year's seniority adds substance to the accuracy of directors' reports of low turnover rates during the last calendar year.

Table 5-5

Distribution of Total Institutional Staffs by Length of Time at Institution and in Present Job (By Number and Percent)

	Number of Years				
	Less Than 1	Between 1-4	Between 5-9	Over 10	Total
No. Years at Institution	53 (16)	187 (55)	60 (18)	43 (11)	343 (100)
No. Years in Present Job	61 (18)	170 (50)	67 (20)	45 (12)	343 (100)

In sum, most institutions have staff majorities that come from similar places of origin. In addition, these majorities also have in common substantial ties with their institutions in terms of spouse employment, living and eating arrangements, and longevity in their jobs. All of this would suggest that institutions play a far more central role in the lives of staff members than the average place of employment plays in the life of an employee.

From our perspective, this level of influence over the lives of employees can work to the detriment of service provision. Having staffs of similar backgrounds may lead to development of social pressures against individual staff members who want to try something new in providing services that may be objectionable to the majority.

Similarly, having employees dependent on their places of employment for their place of residence, meals, and spouse's employment in addition to personal wages makes it all too easy for a director to control staff behavior and bring about one man rule.

Education and Training

Table 5-6 following shows that among paid staff a number of directors and social service personnel have

had at least some postgraduate education while 68 percent of all cottage parents terminated their formal educations at the elementary level.

Table 5-6

Distribution of Total Institutional Staffs by Formal Education Grade Level Accomplishment and Staff Level (By Number & Percent)

	Totals N (%)	Grade Level Accomplishment (in years) 0-8 N (%)	9-12 N (%)	13-16 N (%)	17+ N (%)
Directors	27 (8)	1 (4)	4 (15)	8 (30)	14 (51)
Adm. Assistants	19 (6)	—	9 (47)	6 (32)	4 (21)
Social Service	35 (10)	—	1 (3)	18 (51)	16 (46)
Teachers	14 (4)	—	3 (21)	6 (43)	5 (36)
Cottage Parents	211 (63)	142 (68)	63 (30)	6 (2)	—
Other*	29 (9)	2 (7)	18 (62)	7 (24)	2 (7)
Totals	335 (100)	145 (44)	98 (29)	51 (15)	41 (12)

*Includes recreation, maintenance, & domestic service types.

In terms of recent training and education, we asked each staff member to indicate the number of conferences/workshops and/or in-service training programs attended, and the number of high school or college level courses taken during 1971. Conferences and workshops represent activities attended as representatives of their institutions in the community, and training programs, those on-grounds organized institutional activities other than new employee orientation.

Data for the state as a whole on these matters are presented in Table 5-7 following:

Table 5-7

Distribution of Total Institutional Staffs by Level of Participation in Selected Training/ Educational Activities in 1971

	Number and Percent Attending				
	None N (%)	1 N (%)	2 N (%)	3+ N (%)	Totals N (%)
Off-grounds conventions/ workshops	193 (56)	87 (25)	34 (10)	29 (8)	343 (100)*
Institutionally sponsored in-service training	200 (59)	59 (17)	29 (9)	54 (16)	343 (100)
H.S. or college courses taken	289 (84)	18 (5)	5 (2)	31 (9)	343 (100)

*Percentages do not equal 100 due to rounding error.

From an institutional standpoint, 4 of 33 reporting institutions did not have a single staff member involved in any of the above types of activities during 1971. A total of 12 institutions had less than 25 percent of their staffs attend one or more conventions/workshops, 15 had less than 25 percent of their staffs involved in any sort of in-service training, and 28 had fewer than 25 percent of their staffs taking one or more high school or college courses during the year.

When participation rates are broken down by staff level, the results indicate that participation in training and educational activities is generally lower for cottage parent personnel than for anyone else.

Some Effects of Current Training/Education Patterns

The quality of training/education received and who obtains it is of some concern from a community-oriented perspective. This is so because both factors seem to influence--or at least are asssociated with--less staff participation and more centralized representation in community child welfare related activities.

Table 5-8

Level of Participation in Selected Training/Educational Activities in 1971 by Staff Level

	Totals N (%)	Number and % of Each Staff Level with No Participation: Off-Grounds Conventions/ Workshops N (%)	In-Service Training N (%)	H. S. or College Course Work N (%)
Directors	27 (8)	7 (26)	10 (37)	26 (96)
Adm. Assistants	19 (6)	9 (47)	9 (47)	17 (90)
Social Service	35 (10)	7 (20)	18 (53)	22 (63)
Teachers	14 (4)	5 (36)	9 (64)	11 (79)
Cottage Parents	216 (63)	141 (65)	133 (62)	186 (86)
Other	31 (9)	24 (80)	22 (71)	26 (84)
	342/100			

Initially, we presented directors with a lengthy list of community child welfare related activities (e.g., memberships in PTA's at schools attended by residents and sitting on child welfare agency advisory committees) and asked them to indicate how often their institutions provide representatives and which staff level holds responsibility for attendance.

Two quantative measures were obtained by this method, namely, the scope of institutional involvement and the centralization of representation.* These measures were then correlated with the gross amount of education/training undertaken by various staff levels in 1971 for the 33 reporting institutions.

The results, shown in Table 5-9, indicate that more participation in education/training is associated with less participation in community child welfare related activities.

Table 5-9

Correlations (r)* Between Amount of Education/ Training and Participation in Community Child Welfare Related Activities, by Staff Level

	Amount of Education/Training of:		
	Directors	Pro Staff	Cottage Parents
Amount of Staff Participation	-.35	-.36	-.42
Degree of Centralization of Representation	+.45	+.15	+.32

*Correlations between staff levels on Level of Education/ Training are all positive and rather substantial: (Dir. X Pro. Staff = .49, Dir. X Cot. Par. = .59, Pro. Staff X Cot. Par. = .81). This suggests that multiple correlation (R) would explain little more than this series of zero-order correlations.

---

*Again, institutional averages were obtained by assigning weights (numbers) to staff levels (1 for board through 4 for cottage parents). Thus, the lower the average, the greater the centralization of representation.

It is also noteworthy that a tendency toward more centralized representation in such activities is found associated with greater education/training participation across all staff levels. However, characteristic of the limited impact of professional staff in other matters, the amount of education/training they receive seems to have little influence on who represents the institution in such community activities.

It would seem that if institutions have an interest in implementing more community-oriented behavior on the part of their staffs, a close look should be taken at present education/training programs which seem to be contributing to isolationism rather than involvement.

Staff Orientations

A battery of 3 instruments was submitted to all paid institutional staff members to obtain their attitudinal orientations on the following:

1. Job Satisfaction (people worked with, tasks performed, benefits received)

2. Child Rearing Philosophy (from child acceptance to child dominance)

3. Community-Orientedness (preference for working in isolation or with community).

Data presented here are for the state as a whole. Other studies now underway will compare staff orientations by staff levels and institutional staff orientations to those of community persons whose main activity is working with children, namely, samples of parents of non-institutionalized children and child welfare workers. These results will be distributed in a future report.

Job Satisfaction

The job satisfaction instrument consists of 31 items, and yields 8 subscale scores and a total score. Table 5-10 over leaf presents the state averages for the total and all subscale scores, and the range of averages (lowest and highest institutional averages).

Table 5-10

Average Scores for Total Institutional Staffs on Selected Components of Job Satisfaction

Staff Orientation Toward:	No. of Resp.	Average Score	Max. Range (low=Dis-atisfied, High=Sat.)	Inst. Range of Averages (Lowest/ Highest)
Relations w/ Supervisors	345	11.6	4.0/16.0	10.7/14.6
Relations w/ Associates	345	10.4	4.0/16.0	9.5/12.8
Sense of Competence	345	11.3	4.0/16.0	9.3/13.6
Amt. Phys/Ment Exertion Required	345	10.7	4.0/16.0	8.6/12.1
Career Orientation	345	11.3	4.0/16.0	9.7/13.6
Investment in Job	345	11.2	4.0/16.0	8.4/12.7
Job Status	345	12.0	4.0/16.0	11.1/14.4
Financial Rewards	345	9.8	4.0/16.0	7.2/12.4
Total Score	345	88.3	32.0/128.0	76.5/100.1

In general, these data indicate a moderate level of job satisfaction in most components of the work effort, with the one exception of financial rewards.

Here clearly, staff tend to separate liking of what they are doing and with whom they work from what they are getting paid.

Child Rearing Philosophies

This instrument consists of 30 items equally divided

into 6 subscales.* Table 5-11 presents total state averages for each subscale and the overall total as well as the range among individual institution staffs.

Table 5-11

Average Scores for Total Institutional Staffs on Selected Components of Child Rearing Philosophies

	No. of Resp.	Average Score	Maximum Range (Low=Dominance, High=Acceptance)	Inst. Range of Averages (Lowest/Highest)
Harshness of View (child by nature: innocent or devil)	344	13.9	5.0/20.0	11.4/17.3
Strictness (need for discipline)	344	11.9	5.0/20.0	10.5/15.5
Rewards/Punishments (provided for: learning/control)	344	14.9	5.0/20.0	13.4/16.7
Tolerance (child acceptance)	344	15.7	5.0/20.0	13.7/18.2
Sharing Decision-Making w/Child	344	14.7	5.0/20.0	10.0/17.0
Child Protectiveness (risk vs smothering)	344	14.3	5.0/20.0	12.5/18.0
Total Score	344	85.1	30.0/120.0	75.5/100.3

*The internal consistencies of the subscale in both job satisfaction and child rearing philosophy instruments is extremely impressive. Subscale intercorrelations with total scale score for job satisfaction range from .54 to .81, and inter-subscale reliability coefficients (alpha) for child philosophy range from .75 to .81. These figures indicate each scale in total is measuring generally a conceptually discrete content area.

Perhaps the most notable feature of these data is the rather healthy level of staff tolerance relative to the demands children make on staff time and patience. At the same time there seems to a substantial stress upon discipline (as reflected in the low average score on strictness).

The general impression is moderately positive. There seems at least a tendency toward accepting the child as having inherent potential for growth and allowing him some involvement in growth activities such as decision-making and new experiences (as reflected a high average score indicating low protectiveness orientation.

Community-Orientedness

Community-orientedness was measured on a 12 item instrument which sought to determine staff level of preference for or investment in working in isolation versus involvement in community as an approach to service provision.

Table 5-12 provides the state average score, and the institutional range for this particular orientation.

Table 5-12

Average Score for Total Institutional Staffs on Community-Orientedness

	No. of Resp.	Average Score	Max. Range (Low=Isolation, High=Involvement)	Inst. Range of Averages (Lowest/Highest)
Level of Community-Orientedness	344	29.7	12.0/48.0	23.9/35.0

Generally speaking, institutional personnel are not over-poweringly community-oriented. Average scores here reflect a leaning toward viewing communities as hostile toward or at least indifferent to the burden of caring for resident children. Staff appear to frequently con-

clude that the most comfortable place to assume and carry out this burden is "behind the walls" of their various institutions in the face of these assumptions about their communities.

Some Patterns in Staff Orientations

One way to graphically assess gross patterns in staff orientations is to cross-tabulate institutional average scores on various orientations and then look at how institutions distribute themselves. This approach is illustrated in Table 5-13 utilizing job satisfaction averages.

Running diagonally across these sets of cells, we can determine whether a general pattern of association occurs across large numbers of institutions, or not. Inspection of this sort yields the following:

--Level of job satisfaction is widely associated with degree of centralization of final authority, higher job satisfaction being associated with decentralized authority and vice versa.

--Level of job satisfaction is inversely associated with amount of total involvement in community child welfare related activities in the majority of institutions, higher job satisfaction being associated with lower involvement and vice versa.

--There seems to be no pronounced pattern of association between level of job satisfaction and staff child rearing philosophies or levels of community-orientedness.

Turning to average staff scores on community-orientedness, it can be shown that community-orientedness is widely associated with both child rearing philosophies and levels of staff involvement in the following ways:

--Higher levels of community-orientedness are associated with child rearing philosophies tending toward child acceptance and vice versa in a majority of institutions.

--Higher levels of community-orientedness are commonly associated with greater staff involvement in community child welfare related activities, and vice versa.

Table 5-13

Distribution of Institutions Cross-Tabulating Institutional Averages on Job Satisfaction with Selected Variables*

Final Authority (N=29)

Final Authority Tends to Be:	Job Satisfaction is: Above Average	Below Average
Decentralized	11	3
Centralized	6	9

Staff Involvement in Community (N=29)

Staff Involvement is:	Job Satisfaction is: Above Average	Below Average
Above Average	6	8
Below Average	10	5

Child Rearing Philosophies (N=32)

Philosophy Tends Toward:	Job Satisfaction is: Above Average	Below Average
Child Acceptance	9	7
Child Dominance	8	8

Community-Orientedness (N=33)

Community-orientedness is:	Job Satisfaction is: Above Average	Below Average
Above Average	12	9
Below Average	5	6

*In all cases, above or below, more or less, indicate institution above or below state average on variable.

Table 5-14

Distribution of Institutions Cross-Tabulating Institutional Averages on Community-Orientedness with Selected Variables

Child Rearing Philosophy (N=32)

Philosophy Tends Toward:	Community-orientedness is: Above Average	Below Average
Child Acceptance	14	2
Child Dominance	7	9

Staff Involvement in Community (N=29)

Staff Involvement is:	Community-orientedness is: Above Average	Below Average
Above Average	12	3
Below Average	8	6

It would appear from this inspection that staff orientations do play a part in influencing levels of staff involvement in community child welfare related activities. On the other hand, staff orientations toward and amount of participation in such activities seem to have little bearing on job satisfaction. It would seem that job satisfaction derives from other sources, such as degree of decision-making authority allowed and financial benefits received.

Capsule Summary

Staff Structures

Most institutions exhibit relatively simple staff structures composed of a director, social service staff, cottage parents and maintenance personnel. Specialized staff are concentrated in a few institutions and volunteers are very sparingly utilized. The overall staff turnover rate is 26 percent and little difficulty seems to be encountered in filling vacant positions.

Staff Backgrounds

The majority of staff is female (68 percent), middle aged (54 percent), married and living with spouses (55 percent) and originally from rural or small town environments (75 percent).

Staff have substantial ties--other than wages--to their institutions as reflected in the facts that the great majority live and eat at their institutions, have been at their jobs longer than one year, and, among married personnel, a substantial majority have spouses also employed in the same institution.

Only a very small minority of all staff have obtained some level of postgraduate education, with formal education among the majority of cottage parents having terminated at the elementary level.

Current education and training activities are concentrated among the upper staff levels and appear to contribute to isolation from rather than work in communities.

Staff Orientations

Job satisfaction seems to be moderately high in general, although comparatively low in regard to present wage and benefit levels.

In other matters, staff overall tend to lean more toward a child rearing philosophy of child acceptance than the alternative of child dominance and disclose something less than enthusiastic receptivity in general for providing service in a community-oriented fashion.

Level of staff involvement in community child welfare related activities appears to be associated with staff orientations toward child rearing philosophy and community-orientedness, although staff orientations in these matters do not seem strongly associated with job satisfaction. Level of job satisfaction seems more directly affected by how much decision-making authority staff have and size of financial benefits received.

Chapter 6

Child Performance: How Residents are Doing

Two sources of data are utilized in this report to comment on performance levels of resident children, namely, ratings of residents performed by staff and the results of tests administered to residents by our own research personnel.

Again, data are for the state as a whole. Other studies now underway are seeking to evaluate the influence of staff background factors on staff ratings and child background factors on child test results. Additional studies are exploring in depth the relationship between degree of community-oriented care in institutions and staff ratings and child test results. Findings from all of these studies will be distributed as they become available.

Staff Ratings of Children

We asked every institution to cooperate by having two staff members rate each child in placement during April, 1972, on a standardized instrument. Each child was rated by his cottage parent and preferably the social service staff member responsible for working with the child. In cases where no social service person was involved or where an administrative staff member (director or his assistant) knew the child longer and better than any such staff person, the administrator was asked to complete the rating.

In short, these procedures yielded two staff ratings of each child, one by his primary cottage parent and one by a social service or administrative staff member.

How Problematic Are Child Populations?

To begin with, we asked staff to rate each child in terms of the number of personal problems he demonstrates (e.g., poor bowel control, unprovoked fighting, temper tantrums, truancy, etc.).

A check list of 13 such behaviors was provided with accompanying write-in spaces so that conceivably, a child could have been rated as demonstrating upwards of 15 types of problematic behavior.

The results indicate that cottage parents see resident children as slightly more problematic than do service/administrative personnel. The considerable range in terms of average number of personal problems in resident populations also suggests that individual institutional staffs view themselves as serving quite disparate groups of children.

Table 6-1

Average Number of Personal Problems in Total Child Population as Rated by Different Staff Levels (N=34 Institutions)

	No. of Ratings	Ave. No. Problems Per Child	Institutional Range: Ave. No. Problems Per Child Population (Lowest/Highest)
Ser/Adm Staff	1110	4.09	1.40/5.80
Cottage Parents	1300	3.95	2.10/6.90
Combined Levels	2410	4.03	2.20/6.30

Reasons Other Than Personal Problems Preventing Replacement

Staff were also asked to rate each child in terms of the basic reason--other than personal problems--preventing replacement to a community setting. If no reason existed, that is, a good replacement was available, raters were instructed to record this fact.

These data disclose rather remarkable parallels in cottage parent and service/administrative staff perceptions of reasons preventing child replacement.

Table 6-2

Percent Distribution of Basic Reason, Other Than Personal Problems, Preventing Child Replacement, as Rated by Different Staff Levels (N=34 Institutions)

Basic Reason Preventing Replacement:	Percent Distribution by Rater Staff Level: Combined Levels	Cot Pars	Serv/ Admin	Inst. Range, Combined Ratings Only (Lowest/ Highest)
No. of Ratings	2436	1068	1368	
Child too young for indep. living, too old for other placement.	21.0	20.0	22.0	0.0/65.0
Child has no parents, needs foster home, none available.	18.0	15.0	20.0	0.0/85.0
Child has no parents, needs group home, none available.	5.0	7.0	3.0	0.0/55.0
Child's own home temporarily unfit, can return when improved.	33.0	33.0	33.0	0.0/100.0
Child happy here, should stay indefinitely.	16.0	17.0	15.0	0.0/55.0
Good placement available, should leave now.	5.0	5.0	5.0	0.0/60.0
Child capable of indep. living, should leave now.	2.0	3.0	2.0	0.0/12.0
Totals	100	100	100	

It would seem that more than one-third of all children are floating in limbo in the sense that 21 percent are rated too old for acceptance in a replacement but too young for independent living, and 16 percent are rated as happily adjusted to institutional life and should retain residence for an indefinite future.

Another third of the entire population would appear capable of return to their own homes now if the home situation were improved. This is a sobering feature of the data given the fact that so little work is currently being done with natural parents.

Finally, 23 percent could leave if adequate foster home or group home placements were available, and 7 percent continue in placement even though adequate arrangements for replacement currently exist.

A scan of the range of institutional ratings indicates substantial variation across institutions, reflecting differences in problems facing various institutions relative to replacements. For example, 85 percent of one child population (N=55) is rated as needing foster home care which is presently unattainable, and in another institution the entire population (N=32) is rated as returnable to their own homes if or when home life is improved. Other institutions are confronted by neither replacement problem.

How Many Children Are Ready for Replacement Now?

A question does arise, of course, as to the extent to which replacement is currently prevented by a child's personal problems assuming that an appropriate placement were available.

In this regard, raters were first asked to rate each child simply as ready to leave now or not, considering only the child's capabilities.

Table 6-3 indicates that if a "yes-no" decision were to be made regarding replacement considering only the child's ability to cope, 57.8 percent of all children is rated by combined staff as "ready now."

These data reflect staff assessments of the proportion of children who would be capable of "making it" were they replaced to their communities right now.

Table 6-3

Percent Distribution of Total Child Population Rated as Capable of Replacement Now by Different Staff Levels (N=34 Institutions)

	No. of Ratings	Percent: Ready Now	Could Not Cope	Totals
Serv/Adm Staff	1519	62.7	37.3	100.0
Cottage Parents	1397	52.4	47.6	100.0
Combined Levels	2916	57.8	42.2	100.0

But, supposing that such decisions do not have to be reached immediately, staff were also asked to estimate how soon each child would be ready for replacement, that is, how much time an institution might need in each case to move a child to the point of readiness for replacement.

Table 6-4 over leaf provides the distribution of staff ratings in response to this inquiry.

Even when staff are given this additional leeway in rating children, 36.0 percent continue to be rated as ready for immediate replacement.

There is a substantial reversal in the ratings of service/administrative personnel, with the "ready now" percentage dropping from 62.7 to 28.0 percent, comparing "yes-no" responses to those in Table 6-4. In contrast, cottage parents continue to rate a healthy percentage of all children as "ready now."

Finally, data in Table 6-4 indicate that staff generally are predisposed toward rating children either as "ready now" or as in need of long term care (over 1 year).

In this context, the previous finding that cottage parents see children as more problematic than service/administrative personnel may indicate that cottage par-

ents tend to dichotomize children into highly problematic and relatively problem free groups.

Table 6-4

Percent Distribution of Total Child Population by How Soon They Will Be Ready for Replacement as Rated by Different Staff Levels (N=34 Institutions)

		When Will Child Be Ready?					
	No. of Ratings	Ready Now	Less Than 3 Mo.	4-6 Mo.	7-12 Mo.	Over 1 Yr.	Totals
Ser/Adm Staff	1436	28.0	9.0	4.0	9.0	50.0	100.0
Cottage Parents	1265	45.0	3.0	3.0	7.0	43.0	100.0*
Combined Levels	2701	36.0	6.0	4.0	8.0	46.0	100.0

*Percents do not total to 100.0 due to rounding error.

It is more difficult to explain why service/administrative personnel see children as less problematic in general while still rating from one-third (see: Table 6-3) to one-half (Table 6-4) of them in need of long term care.

Perhaps less sustained contact with residents and/or administrative concerns with maintaining maximum child populations contribute to this apparent inconsistency.

How Would Children Do, if Released Now?

A final rating dealt with how well each child would do, compared to the average non-institutionalized child his age, were he to be returned immediately to community living.

Table 6-5 provides further corroboration of previous data which indicate staff believe a large number of present residents are capable of coping with non-institutionalized living.

Table 6-5

Percent Distribution of Total Child Population by How Well They Would Do Compared to Non-Institutionalized Children, if Released Immediately, as Rated by Different Staff Levels (N=34 Institutions)

		Child Would Do:					
	No. of Ratings	Much Worse	Little Worse	About As Well	A Little Better	Much Better	Totals
Ser/Adm Staff	1472	14.0	24.0	49.0	10.0	3.0	100.0
Cottage Parents	1299	21.0	17.0	44.0	10.0	8.0	100.0
Combined Levels	2771	17.0	21.0	47.0	10.0	5.0	100.0
Inst. Range (Lowest/Highest)		0.0/46.0	0.0/48.0	13.0/90.0	0.0/22.0	0.0/20.0	

Here again, combined staff ratings reflect the aggregate opinion that 47.0 percent of all current residents would do about as well as the average child of the same age does in his own home, if replaced immediately.

Examination of the institutional range again discloses substantial variation with one institution staff rating 90 percent of its present population (N=33) capable of adequate coping were that percentage to be replaced to community immediately.

Children's Test Results

As previously noted, a variety of studies are in progress aimed at identifying the factors which influence how well resident children do. In this report, data for the state as whole are being presented to provide an initial overview.

A three test battery was administered to resident children in group sessions at their own institutions. Methods of administration were highly routinized regarding the sequenced introduction of the battery, the amount of time allowed to complete each part, and the presence of research staff to monitor the children to prevent children from comparing answers, etc.

The battery consisted of the following instruments:

1. Lorge-Thorndike IQ Test

   This test has several verbal and math schedules. Since we were interested mostly in verbal learning performance, (i.e., reading for comprehension, knowledge of word meanings), the math schedules were not used. Also, in order to make this test more capable of completion, only 3 of 5 verbal schedules were used. Because of the substantial duplication in this pack of schedules, we feel very little was lost in terms of measurement efficiency through shortening it. On the other hand, existing normative data developed on aggregate scores for the 5 schedules are rendered useless for comparative purposes.

   In short, we view the results from these schedules as reflections of current learning performance levels, not as IQ measures. Care should

be taken not to interpret the results in anyway as reflecting whatever IQ means.

2. Task/Social Self Evaluation Instrument

This instrument, basically developed by our research staff, aims to measure a child's self appraisal of his current level of felt success in negotiating tasks (e.g., cottage duties, school work, fixing personal items) and social relationships. In regard to social relationships subscales specifically measure relationships with cottage mates (8 items), school mates (8 items), cottage parents (8 items), and school teachers (7 items). The remaining 15 items comprise the task subscale.*

3. Locus of Control Instrument

This instrument (consisting of 26 items) has been developed by researchers at Emory University specifically to measure a child's perception of the degree of control he feels over managing his life activities. The instrument has been found to be quite reliable when applied to various groups of children although it has not been previously utilized with institutionalized children.

In sum, then, we measured children in terms of current learning performance levels, self evaluation of success in negotiating tasks and social relations, and levels of felt control over managing life experiences.

Lorge-Thorndike Scores (Learning Performance)

Test results are first presented in straightforward

---

*Since this instrument was developed mostly by project research staff considerable interest exists in its integrity, that is, its reliability/validity. Test reliability as evaluated by the Kuder Richardson Formula 20 is a satisfactory .795 indicating a reasonable internal consistency. Factor analyses performed to test the integrity of the subscaling structure are now being evaluated and will be reported upon at a later date.

fashion so that individual institutions may compare their results to state averages.

In terms of the Lorge-Thorndike average scores, as presented in Table 6-6, the total score is most significant. Subscale scores are merely presented here as a convenience for comparative use at a later time once the meaningfulness of differences among these scores has been determined.

Table 6-6

Subscale and Total Average Scores on Lorge-Thorndike Verbal Ability Test for Total Child Population (N=34 Institutions)

	No. of Children	Average Scores	Institutional Range on Average Score* (Lowest/Highest)
Subscale 1	1255	12.18	6.63/16.00
Subscale 2	1255	9.21	5.43/12.44
Subscale 3	1255	9.74	5.65/12.44
Total	1255	31.14	16.46/40.56

*The higher the score, the greater the demonstrated verbal ability, or learned performance level.

The Lorge-Thorndike Verbal Ability Test is constructed in 5 comparable forms for application with different aged children so that scores are to some extent standardized across age levels.

Analyses are presently underway, however, to determine whether significant differences in scores occur between institutions having predominantly teenage and preteenage populations and between those having mostly girls or boys.

These and other analyses will make this and forthcoming data on learning performance levels far more mean-

ingful to the assessment of groups of children and individual institutional populations.

Task/Social Self Evaluation Scores

Test score results from this instrument are of somewhat more immediate usefulness. Table 6-7 following presents average scores across all children tested for all 5 subscales, the total, and the institutional range of averages for each.

Table 6-7

Subscale and Total Average Scores on Task/Social Evaluation Instrument for Total Child Population (N=34 Institutions)

	No. of Children	Average Score	Max. Poss. Score	Inst. Range on Average Score* (Lowest/Highest)
1. Task Accomplishment	1243	8.13	15.00	6.50/9.41
2. Relations w/Cottage Mates	1243	5.93	8.00	4.60/7.36
3. Relations w/School Mates	1243	5.68	8.00	4.80/6.60
4. Relations w/Cottage Parents	1243	4.32	8.00	2.70/6.80
5. Relations w/Teachers	1243	4.82	8.00	3.66/6.17
Total Score		28.83	41.00	25.30/33.66

*The higher the average, the greater the perceived success/accomplishment.

It is not unexpected that resident children generally see themselves as having better relationships with peers than with adults, or that they indicate a moderate sense of accomplishment in negotiating tasks (comparing the computed average to the maximum possible).

The institutional range on these average scores, however, would tend to indicate that no child population distinguishes itself by demonstrating extremely high levels of felt accomplishment or success in any of these matters.

Indeed, the overall average--and the institutional lower limit for the range of average scores--for children's relations with cottage parents should draw some concerned attention to this vital element of service provision.

Locus of Control Scores

The locus of control instrument yields a single score for an individual child and a single average score for an institution on the level of control children feel they have in managing their own lives. Table 6-8 summarizes the results for the state as a whole

Table 6-8

Average Score on Locus of Control Instrument
for Total Child Population
(N=34 Institutions)

No. of Children	Average Score	Max. Poss. Score	Inst. Range on Average Score* (Lowest/Highest)
1238	13.53	26.00	9.90/17.82

*The higher the average, the greater the felt sense of personal control.

The results on this instrument should be of some concern since the institutional range for average scores is quite deceptive. Only 5 child populations out of 34 averaged above 15.00, a level commonly matched or exceeded by a variety of non-institutional children's groups that have been measured by this instrument.

A definitive comparison of results for resident children with those for non-institutionalized children

on all these instruments will have to wait, however, until field tests now underway with groups of children living in their own homes are completed.

Associations Between Test Results in Child Populations

A gross inspection of associations between test results within institutional populations can be had by cross-tabulating average scores as shown in Table 6-9 over leaf.

Summing across the diagonals yields the gross impression that a rather widespread direct association exists between Self Evaluation and Locus of Control average scores.

In general, if children perceive themselves favorably in task/social relations skills they also feel more in control of their own lives, and vice versa.

The other cross-tabulations indicate that direct associations between high or low Self Evaluation and Locus of Control average scores with high or low learning performance levels are not nearly as frequently demonstrated.

Some Possible Institutional Effects on Residents' Performance Levels

A few average scores drawn from data on staffs and institutions were selected and cross-tabulated with child population test results in the manner used above to illustrate in a crude way how some institutional practices may relate to child performance.

The Locus of Control average scores appear to be most sensitive to this type of cross tabulation, and the extent of the associations between selected factors and this measure are presented below.

Above or below average sense of personal control over one's own life among children varies directly with above or below average:

--Amounts of child participation in community activities in 21 of 33 institutions;

--Child rearing philosophies among staffs reflecting child acceptance (as opposed to child dominance) in 20 of 33 institutions;

Table 6-9

Distribution of Institutions Cross-Tabulating Average Scores for Each Child Population on Test Results

Locus of Control Is:

Learning Performance is:	Above Average	Below Average*
Above Average	5	10
Below Average	9	10

(N=34)

Self Evaluation Is:

Learning Performance is:	Above Average	Below Average
Above Average	7	8
Below Average	7	11

(N=33)

Self Evaluation Is:

Locus of Control is:	Above Average	Below Average
Above Average	9	5
Below Average	6	14

(N=34)

*In all cases, above or below indicates above or below state average.

--Centralization as to who disciplines children, in 18 of 29 institutions.

Interestingly enough, sense of personal control among children is inversely associated with level of centralization of final authority in 20 of 30 institutions.

With the obvious exception of the last finding, these associations suggest the following widespread pattern: Children's sense of personal control over their own lives is generally greater in institutions allowing above average child participation in community activities, where staff tend to be accepting rather than dominating in relationships with children, and where discipline is more the responsibility of cottage parents than directors (or professional staff).

This pattern, of course, is based upon an extremely crude method of data analysis. Studies now underway will yield far more definitive and instructive conclusions. The main purpose in illustrating these probable associations in this initial report is to keep the focus on the point that many of the factors discussed throughout may have a bearing on how resident children are treated and how they respond.

Capsule Summary

Staff Ratings of Resident Children

If staff had to reach a "yes-no" decision on replacing residents to their communities right now, 57.8 percent of all residents would be determined ready for replacement.

When staff are asked to rate how soon children will be ready to leave, however, staff tend to dichotomize children in their ratings as either ready for replacement now (36.0 percent) or in need of long term care--over 1 year--(46.0 percent). In this matter service/administrative staff rate fewer children as ready for replacement now (28.0 percent) than cottage parents (45.0).

Again, if released now, staff rate 62.0 percent as capable of doing as well or better than their non-institutionalized peers upon return to their communities.

In all of this it is apparent that staff generally perceive large numbers of present residents as capable of adequate community living right now assuming the availability of appropriate replacements.

Children's Test Results

Learning performance levels have not yet been definitively interpreted although a substantial range exists across institutional populations.

Preliminary analyses indicate children generally evaluate themselves as moderately successful in negotiating tasks/social relations, although they see themselves as least successful in dealing with cottage parents.

In general, children do not demonstrate a very high sense of felt control over their own lives, and crude cross-tabulations with some averages on institutional and staff data tend to suggest that sense of felt control is influenced by such factors as how frequently children participate in community activities, how accepting of children staff are, and the extent to which cottage parents (rather than upper level staff) do the disciplining of children.

Chapter 7

An Evaluation of the Results from a Community-Oriented Perspective

Introductory Remarks

All children's institutions, public or private, have two primary functions. First, they are responsible for meeting community needs related to the provision of residential services for children; and, secondly, they are obligated to prepare children admitted to care for socially non-deviant and personally satisfying lives upon return to community living.

Institutions vary widely in defining community need and, indeed, in defining the community to which each feels responsible. They also vary widely in what is felt to be right and proper in terms of preparing children for return to community living.

Since every institution differs from all other institutions in the preferences exercised or emphases accorded in carrying out these basic functions, it is understandable that considerable ambiguity exists as to the nature of services being provided and whether they are being carried out well or poorly.

In the absence of a common or objective yardstick for evaluating the success or failure of institutional programs, it is also understandable that rhetoric fills the void.

Some directors tend to define success in accord with institutional traditions: somewhere in the dim past someone said the institution was doing well and since present practices conform to tradition one cannot avoid the conclusion that the institution continues to be a success.

Some professionals, on the other hand, disclose their loyalty to essentially unproven professional methods by declaring their institutional programs successful simply because they are being carried out under professional guidance.

Endless argument rather than fruitful evaluation is the product of such declarations. In its usual form, the battle lines are drawn between professionalized residential treatment (the good guys) and custodial care (the bad guys).

Periodic renewal of this issue has resolved practically nothing. We are about as far removed today as ever from answers to which type of approach profits (or damages) which type of child.

Driven by necessity to develop a coherent approach to measuring and assessing institutional care applicable to the entire aggregate of 36 institutions under study, our research staff drew upon past experience and the literature to establish a model of community-oriented care.

There is nothing startlingly new in the model presented and discussed in the following material, except perhaps the clarity of its organization. Part of the reason why the reader will find no radical departures from common knowledge about institutional care rests with the fact that we sought to develop a model feasible of implementation within the range of current institutional resources.

We believe it to be an exercise in nonsense to pitch models well beyond the capability of implementation primarily because it provides too many convenient excuses for not changing (e.g., "it's a nice idea, but we don't have the money, staff, facilities, etc.").

Secondly, we sought a model that might work to the betterment of service provision no matter what type of child an institution chooses to serve. The aim here was to reduce to a minimum the potential for rejecting the model as either overly emphazing custodial care or residential treatment. In short, we sought a model that held promise of profiting children if implemented regardless of the present treatment philosophy or staffing pattern stressed in various institutions.

Our model of community-oriented care consists of 6 component parts, 3 defining the external phase of service provision (Meeting Community Need) and 3 defining the internal phase (Preparing Resident Children for Return to Community).

The Model of Community-Oriented Care

External Phase: Meeting Community Need

1. Defining Community Needs

A community-oriented institution is sensitive to the self defined needs of people in the geographic area in which it is located and secondarily concerned about need as defined by a superordinate organizational hierarchy or as defined by tradition and/or professional theory.

Emphasis is placed upon flexible admissions policies, developing staff who are highly accepting of a wide variety of children, and maximizing the effectiveness of service in the shortest possible length of stay for each child. This stress on short-term care suggests that a community-oriented institution emphases programming good experiences for a child over and above building relationships (emotional ties) with him.

In general, this means matching institutional service provision to community defined need and maximizing child flow.

2. Processing Community Needs (Service Cross Flow)

Community-oriented institutions are open to use by their communities in terms of use of facilities and extend themselves into provision of services (case consultation, referral, preventative counseling, etc.) for non-residents. Staff are highly involved in assisting the community in planning and developing the system of child welfare services and find job satisfaction in these efforts.

In turn, community services are utilized to maximum on-grounds to minimize isolationism in program. This includes effective use of professionals, parents, and volunteers.

In general, community-oriented processing involves the extention of institutional personnel into community and vice versa.

3. Adapting to New Needs

Community-oriented institutions are marked by staffs that are openly receptive to and actively seeking new methods of providing service to present child populations and/or new services to deal with changing child populations. Such institutions have established communications systems and staff structures facilitating planning to enable the best ideas at all staff levels to come to light for review.

In general, community-oriented adaptation to new approaches involves staff receptivity to same and staff structures enabling their on-going evaluation.

Internal Phase: Preparing Resident Children for Return to Community

1. Preparing Through On-Grounds Program

Community-oriented institutions organize on-grounds program around a principle of maximizing a child's experience in community under conditions as close as possible to those he would receive living in a good home. The goal is to enable personally satisfying/non-deviant behavior in the type of environment he is likely to return to rather than to convert the child to a mode of behavior that fits an idealized middle-class home life he may not have experienced, if he did not come initially from such an environment.

In order to maximize the effect of community experience for the child, it must be as much as possible under the supervision of community people (otherwise institutions export supervision in accompanying children) and institutional practices which stigmatize or set the child apart--including modes of transportation--must be eliminated.

Institutionally sponsored staff education/training must stress the goal of building good community experiences for a child over building good relationships with him on-grounds. The latter contributes more to program isolationism than to child development, by concentrating on a single relationship rather than the whole child.

In general, community-oriented on-grounds programming follows the principle of providing maximum exposure of the child to community experiences similar to those he would receive in a good home of the type to which he is likely to return.

2. Preparing Through Decision-Making Involvement

Community-oriented institutions recognize that decision-making involvement is a basic component of child development around which on-grounds relationships with peers/staff are formulated. Children develop well when accorded maximum decision-making responsibility--which differs by age levels--for handling their own lives. In the words of A. S. Neill, "Freedom is the cure, not therapy." In such institutions, children are accorded the right to risk making the wrong decisions.

In such circumstances, relationship building occurs at the level of accepting the child, not necessarily his behavior. A clear system of justice exists, which means that those staff who know the individual child best (cottage parents) should have maximum control over determining the nature of discipline when a child goes wrong. On the other hand, when children succeed at things they decide to do themselves, recognition of achievement should be maximized through a system of tangible rewards frequently handed out by the director.

There should not be, indeed, there cannot be, under this system a dual standard of justice which imposes harsher discipline or greater rewards on child behavior performed in community opposed to similar behavior performed on-grounds away from public scrutiny.

In general, community-oriented decision-making preparation involves the child at maximum within a clear and unitary system of justice (rewards/discipline).

3. Preparing Through Replacement Planning/Follow-up Procedures

Community-oriented institutions begin planning for the replacement of the child the day he is admitted and have formalized follow-up procedures to evaluate

the success of their efforts after each child is returned to community.

Children and those legally responsible for them (parents, referring agencies, etc.) are on-going participants in the planning process. Doing this reduces the often observable ambiguity and personal guilt children feel about why they are in placement and keeps responsible parties working in behalf of the ultimate goal of replacement. Follow-up procedures involve evaluating post-replacement progress and feedback of this information to institutional staff in formalized manner (meetings, reports, etc.) to assist in improving programs to increase post-replacement success rates.

In general, community-oriented replacement/follow-up consists of formalized staff, child, agency roles in planning, and feedback mechanisms enabling program evaluation and improvement.

Comparing the Model and the Results

The purpose of our model is to provide a complete picture, a view of how a total program would look if community-oriented in all matters, at least as we define them.

It also serves as a framework for developing an organized understanding of what the real world of institutional care for children is insofar as we have captured the real world in the facts gathered and presented in this report.

It is hardly surprising that individual institutions vary greatly from others in the degree of community-orientedness exhibited in each of the 6 parts of the model, but no useful purpose would be served by comparing results for individual institutions to the model in this report.

It is the collective impressions afforded by the data disclosing varying degrees of community-oriented care across the aggregate of 36 institutions that is most pertinent. From this perspective, some general emphases in the ways institutional services are presently being provided are worthy of commentary.

Widespread Practices Related to Meeting Community Need

1. Defining Community Need

Institutional practices deviate from community-oriented care more profoundly in this part of the model than perhaps any other.

Contradictions abound; vacancies and waiting lists exist coincidentally, as do highly restrictive admissions policies and large numbers of vacancies. Additionally, staff are oriented to long-term care, and large numbers of residents have been in care for years in spite of the fact that from several vantage points staff rate large numbers of current residents as ready for replacement right now.

Recognition seems to exist that inevitably institutions will have to move toward serving the more problematic child and away from an emphasis upon the benign white preteen, but substantial hesitance also exists over taking any action in this direction.

2. Processing Community Need: Service Cross Flow

Except in the matter of admissions exams, and a few examples of use of volunteers for educational and recreational programming purposes, little is occurring in the matter of institutional use of community personnel resources, and vice versa.

Staff generally are not overly enthusiastic about the community-oriented approach to care or overly involved in community child welfare related activities. Indeed, job satisfaction seems to be higher where staffs are less oriented toward and/or involved in community affairs.

The types of staff education/training institutions either sponsor or otherwise encourage are also of concern since it appears that the more staff are involved in these activities the less community-oriented they are.

3. Adapting to New Service Needs

Very few institutions foresee any need to undergo any radical changes in program now or in the near future, and satisfaction among directors with the way things are being done on-grounds seems to run high (with the exception of eating/living arrangements).

Counterpointing these data are uniformly high levels of dissatisfaction with community provision of health, psychological, social, and other services to resident children, and the previously mentioned fact that many institutions are operating below capacity.

In sum, it is hardly accidental, given the low rates of interaction between institutions and their communities, that community personnel in child welfare services feel institutions are not responding to changing needs while institutions feel communities do not support the work they are presently doing.

Widespread Practices Related to Preparing Residents for Return to Community

1. Preparing Through On-Grounds Program

Few institutions demonstrate highly organized comprehensive on-grounds programs of counseling, recreation, and education. This might be conceived as a positive in the sense that, lacking these programs, institutions might move toward greater reliance on community resources.

Indeed, resident children do participate in several types of community activities in many institutions, but the level of staff supervision of children while they are in communities is often quite high.

Reducing staff supervision could increase the likelihood that resident children would obtain community experiences more similar in nature to those experienced by children living in their own homes.

While on-grounds programs are not well developed presently, there is a widespread preference among

directors toward building up such programs as a first priority, if and when the opportunity arises. This preference can be associated with general staff lack of enthusiasm for the community-oriented approach to suggest that many institutions would lean toward more isolated on-grounds programming if given the chance.

2. Preparing Through Decision-Making Involvement

The general pattern of involving children and cottage parents in the decision-making process but excluding them from making final decisions poses a question as to whether involvement in the process is just a charade.

The fact that all levels of staff like to have some final say in the way things are handled is evidenced in the strong association of high job satisfaction with decentralized final authority.

On the other hand, the system of justice in many institutions is not consistent with community-oriented care, and staff in many cases seem to like it that way.

Cottage parents commonly reward and directors discipline, a pattern opposite of that in our model. In addition, a dual standard seems to be employed involving harsher discipline for the same type of misconduct when committed in community than would be handed out if committed on-grounds.

Limiting decision-making authority, minimizing rewards, maximizing discipline, and applying dual standards for the same behavior depending on the location of the misconduct are methods partially or collectively utilized by many institutions which run contrary to the community-oriented model.

3. Preparing Through Replacement Planning/Follow-up

There tends to be low level of emphasis upon formalized staff replacement planning and involvement of legally responsible parties (parents, referring agencies, courts, etc.) in general. On the other hand, more than a few institutions are engaged in carrying out follow-up procedures in one manner or another. Services to replaced children and their

parents (or parent substitutes)--direct or by referral--remain scattered and are generally in an undeveloped state in most institutions.

Concluding Remarks

Detailed analyses of the relationships between the degree of community-oriented provision of care and the performance levels of children are now underway; however, it is far too early to tell what the specific effects are and to what extent the effects are beneficial.

Since we are still in the gray zone of not knowing the extent to which community-oriented care benefits resident children, it is not possible to state flatly that if institutions want to improve service they should move in that general direction.

It is possible, however, to conclude clearly that no institution in the study approximates the model of community-oriented care in all of its parts and that many institutions deviate rather substantially from the model on specific parts.

Ultimately, if change toward greater implementation of the community-oriented care model is deemed desirable, considerable thought is going to have to be given to the resources that will be needed to support these changes. Institutional staffs and boards and public officials responsible for children's services will face the primary obligations in this regard.

Presently, our research staff is engaged in attempting to assist three groups of institutions to move in the direction of community-oriented care in Savannah, Macon, and Atlanta.

We have no idea at present how successful we will be in these ventures, but it seems certain that if change is desired among concerned citizens, professionals, judges, and officials in city, county, and state government, they will have to give greater support to child-caring institutions than they have in the past.

Quite frequently, institutional staff members have remarked to us that they feel their communities perceive them as dumping grounds for unwanted children or the placement resource of last resort.

It is odd that this should be so in a state that provides so few other child care and service alternatives. One need only question what would happen to the 1750 children now in residence were all institutions to close down today.

In the aggregate, these child-caring institutions are Georgia's main residential resource for dependent, neglected, abused, and to some extent disturbed children.

But if institutions need greater support to move ahead into serving different types of children in new ways, it is largely up to the institutions themselves to reject this "dumping ground" image and move more aggressively into demanding this support from those individuals, agencies, and governments responsible for providing children's services.

At least part of the poor public image suffered by institutions stems from the adherence to traditional patterns of providing service and the degree to which they are--or have been--isolated from their communities.

This image can certainly be altered, but at a price.

To ask for more recognition and support from communities is to risk the loss of the comforts of anonymity, and to increase the possibilities that communities will ask for changes in highly prized or long standing policies and practices as part of the bargain.

Since child-caring institutions in the aggregate provide a vital service to the state of Georgia, more than a little interest should exist in following them as they decide to close the gap--or increase the distance--between the services they provide and the communities they serve.